

name, sex, date of birth, and place of birth, and a certificate between the mother and the child, and every month to the office of the Commissioner of Health, or should be otherwise reported to the Commissioner of Health, in the manner and within the period above required, or person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 1st 1888*

4. Birth, (Street and Number) *452 8th St. B'n*

5. Name of Mother, *Maggie Bruch*

6. Mother's Maiden Name, *Stuetgen*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Jacob Bruch*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Smith*

Address, *1003 8th*

Remarks,

DEPT.-65

JOB- 28

REEL- 25

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

FORM RM 1 (11-59) RETAIN-PERM		Authorization No. 346	
REQUEST FOR RETENTION PERIOD		Department: Health	
To: Records Management Officer Room 408, City Hall, Baltimore, 2, Md.		Bureau: Vital Statistics	
Record Identification			
1. TITLE: Certificate of Live Birth		2. Form No. if available 3. Type—(cards, paper, etc.) Bound Book	
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.	7. Number of copies made
8. Authorization Requested (check only one (1) of the squares below)			
A. Establish retention period for records which are accumulating daily <input type="checkbox"/>		B. Dispose of present accumulation, no additional accumulation anticipated <input type="checkbox"/>	
		C. Microfilm and destroy original <input type="checkbox"/>	
		D. Microfilm and retain originals for length of time indicated below <input checked="" type="checkbox"/>	
9. Recommended Retention Period a. In Dept. 70 yrs. b. In Storage Center Micro. Perm. c. Total and Micro. Perm.		10. Equipment and space freed. 11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)			
<p>These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.</p> <p>RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.</p>			
Department or Bureau Approval		Title: Robert E. Farber Commissioner of Health Date: 3/28/63	
Recommendation of Records Management Officer			
13. Recommended Retention Period a. In Dept. 70 yrs. b. In Storage Center Microfilm Permanent c. Total and Microfilm Permanent		14. Disposal Method A. To be sold as scrap or waste paper <input type="checkbox"/> B. To be Burned or shredded <input checked="" type="checkbox"/> C. Historical, (to be transferred to Dept. of Legislative Reference) <input type="checkbox"/>	
REMARKS: <i>2 negative Rolls</i> <i>1 Positive Roll</i>		Records Management Officer: C. F. Hoyle Date: 3/28/63	

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, *Sinden Aurelius Thatcher*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)* A. 6605

1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *September 2nd 1888*
4. Place of Birth (Street and Number), *No 1732 East Baltimore Street*
5. Full Name of Mother, *Mrs. Amelia Thatcher*
6. Mother's Maiden Name, *Mrs. Amelia Rivers*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Mr. Joseph Melville Thatcher*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other person who makes this Return, *Wm. H. Glendon, M.D.*
- Address, *No. 1700 East Fayette St. W. Cor. Broadway*
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A. 5606

1. Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

September 7th

4. Place of Birth, (Street and Number)

758 Chestnut Alley

5. Full Name of Mother,

Eliza Wilson

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

South Carolina

8. Full Name of Father,

James Wilson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Mrs. Annie Johnson

Address,

710 Taylor Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd 5607

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 7th 88.

4. Place of Birth. (Street and Number)

421 Pulaski St.

5. Full Name of Mother,

May Alice Thompson.

6. Mother's Maiden Name,

May Alice Cook.

7. Mother's Birthplace,

Baltimore County, Maryland.

8. Full Name of Father,

Thomas Thompson.

9. Father's Occupation,

Blacksmith.

10. Father's Birthplace,

Howard County, Maryland.

Name of Medical Attendant, or other Person who makes this Return.

H. C. Oble, M. D.

Address,

1120 W. Fayette St. Cor. Carrollton Ave.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 6608

1. Sex, (State whether male or female). *Male*
2. Race or color, (if not of the white race). *White*
3. Date of Birth, *Sept 7, 1888*
4. Place of Birth, (Street and Number) *118 1/2 Patterson Park Ave*
5. Full Name of Mother, *Susan Hoffman*
6. Mother's Maiden Name, *" Hoffman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John David Hoffman*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address, 287 CH Washington

Remarks.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 2569
- Sex, (State whether male or female) Male
- Race or color, (if not of the white race) White
- Date of Birth, 7 Sep 1888
- Place of Birth, (Street and Number) 1502 East St
- Full Name of Mother, Francis Mathias
- Mother's Maiden Name, Frolinck
- Mother's Birthplace, Bohemia
- Full Name of Father, Joseph Mathias
- Father's Occupation, Tailor
- Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return, May P. P. P.
- Address, 207 of Washington St
- Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

12th. A 5610

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 17 1888

4. Place of Birth (Street and Number) No 1001 Enoch Cr Eager St

5. Full Name of Mother Johanna E. Giles

6. Mother's Maiden Name Johanna E. Frigg

7. Mother's Birthplace Warrford Co. Md

8. Full Name of Father Charles A. Giles

9. Father's Occupation Keeper of Cemetery

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. George F. Corrie M.D.

Address Gardenville Baltimore Co Md

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd) 5811

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 7th 1888

4. Place of Birth (Street and Number),

1606 Hancock St.

5. Full Name of Mother,

Lulu Reddicor

6. Mother's Maiden Name,

Lulu Morley

7. Mother's Birthplace,

Danvers Co. Md.

8. Full Name of Father,

George C. Reddicor

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Beth Co. Md.

Name of Medical Attendant, or other person who makes this Return.

B. J. Phillips

Address,

435 W. Lombard St.

Remarks,

For each offence, to be recovered its other fine and tortious as herein provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 5812

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 7 September

4. Place of Birth, (Street and Number) 112 1/2 N. 17th St.

5. Full Name of Mother, Mrs. Th. Parker

6. Mother's Maiden Name, Tetzner

7. Mother's Birthplace, Paris, France

8. Full Name of Father, Col. Wm. White Parker

9. Father's Occupation, Singer in Chorus, Washington, D.C.

10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other Person who makes this Return. Carrie Smith

Address, 112 1/2 N. 17th St.

Remarks, —

For each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A 5613

Sex, (State whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, 7 Sept 1818

Place of Birth, (Street and Number) 1824 Castle

Full Name of Mother, Lillian Stohman

Mother's Maiden Name, Lillian Stohman

Mother's Birthplace, Germany

Full Name of Father, Sam Stohman

Father's Occupation, Butcher

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Keftish

Address, 207 N Washington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or to the imprisonment for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

A. 5614

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 7 Sep 1888

4. Place of Birth, (Street and Number) 1650 Eager St

5. Full Name of Mother, Susan Mische

6. Mother's Maiden Name, Heibel

7. Mother's Birthplace, Germany

8. Full Name of Father, John Mische

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

May Kephart

Address, 257 Cl Washington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined in the sum of ten dollars for each offense, to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

5-6-15

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 7 Sept 1888

4. Place of Birth, (Street and Number) 4297 Washington St

5. Full Name of Mother, Antonia Kulle

6. Mother's Maiden Name, Mattheus

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhart Kulle

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopitsch

Address, 357 N Washington St

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this act and forfeitures and penalties provided for in the act shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other laws and forfeitures and penalties are provided for in the act.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 5616
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 8 Sept 1887
4. Place of Birth, (Street and Number) 817 St Durham st
5. Full Name of Mother, Barbar Kerkwasick
6. Mother's Maiden Name, Colowama
7. Mother's Birthplace, Bohema
8. Full Name of Father, Joseph Kerkwasick
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohema
- Name of Medical Attendant, or other person who makes this Return. Chary Kofchick
- Address, 287 Cl Washington st
- Remarks,

any such person or persons who shall have failed to comply with the provisions of this act, shall be liable to the fine of ten dollars for each offense, to be recovered in other final and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 5617
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 8th 88
4. Place of Birth, (Street and Number) 413 Aisquith St
5. Full Name of Mother, Emma Horn
6. Mother's Maiden Name, Messner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Edward Horn
9. Father's Occupation, Optic Packen
10. Father's Birthplace, Maryland
Name of Medical Attendant, Dr. J. Miller or other Person who makes this Return
Address, 1207 E. Monument St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 5618

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, September 8 1878

4. Place of Birth, (Street and Number) 1214 South Pa. Co. Street

5. Full Name of Mother, Robertt Chase Green

6. Mother's Maiden Name, Robertt Green

7. Mother's Birthplace, New York

8. Full Name of Father, John Green

9. Father's Occupation, labour

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return.

July Dixon

Address, No 24 Church

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

to A 5619

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Collard

3. Date of Birth, September 8

4. Place of Birth, (Street and Number) No 19 Church St

5. Full Name of Mother, Mary Cook

6. Mother's Maiden Name, Mary Sorrell

7. Mother's Birthplace, Talbot County

8. Full Name of Father, Thomas Cook

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. J. Dwyer

Address, No 24 Church St

Remarks,

Report the birth to the Commissioner of the Health Department, with the provisions of this act, and shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child 5620

Sex, (State whether male or female)

Girl Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 8th September 1888

4. Place of Birth, (Street and Number)

No 2151 Vine St

5. Full Name of Mother,

Mrs Hermann

6. Mother's Maiden Name,

Miss Annie Sinclair

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr Hermann

9. Father's Occupation,

Laborer

Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Miss Heller

Address,

2127 West Pratt St

Remarks,

GIVEN NAME ADDED 11-26-57
 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Silversahn
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6* *5621*

Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Sep. 8, 88*

4. Place of Birth, (Street and Number) *1609 Milliman St*

5. Full Name of Mother, *Mary Silversahn*

6. Mother's Maiden Name, *Letterman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Silversahn*

9. Father's Occupation, *Tailor*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*

Address, *1605 Walker St. Baltimore*

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars. In each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 5622

Sex, (state whether male or female) female

2. Race or color, (if not of the white race)

3. Date of Birth, 424 W. Chapel St.

4. Place of Birth, (Street and Number) Sep. 8, 1888

5. Full Name of Mother, Maggie Hein

6. Mother's Maiden Name, Mandler

7. Mother's Birthplace, Germany

8. Full Name of Father, Stephen Hein

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, Caroline Miller
or other person who makes this Return.

Address, 1605 Walker St Balto Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

A 5623

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 8, 1888

4. Place of Birth, (Street and Number)

123 W. Dallas St

5. Full Name of Mother,

Rose Heil

6. Mother's Maiden Name,

Schoenberger

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

John Heil

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this return.

Caroline Miller

Address,

1605 Waller St Balto. Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One A. 5-62-4
 Sex, (state whether male or female) Female
 Race or color, (if not of the white race) Colored
 Date of Birth, Sept 5, 1888
 Place of Birth. (Street and Number) 1718 McCubbin St
 Full Name of Mother, Rosie Turner
 Mother's Maiden Name, Rosie Coleman
 Mother's Birthplace, Easton Shore
 Full Name of Father, William Turner
 Father's Occupation, Laborer
 Father's Birthplace, West River
 Name of Medical Attendant, or other person who makes this Return, Lucinda Woodford
 Address, 432 Regester St
 Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 5625

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White "German"

3. Date of Birth

Sept 2, 1886

4. Place of Birth (Street and Number)

No 74 Sanford Ave. ^{off} Barclay Park

5. Full Name of Mother

Minnie Schabner

6. Mother's Maiden Name

Minnie Bischoff

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Schabner

9. Father's Occupation

Catcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

George F. Corne M.D.

Address

Essexville Baltimore Co Md.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 5626

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 8th 1888

4. Place of Birth, (Street and Number)

34 Smith Ave Woburn City

5. Full Name of Mother,

Jeanne Burk

6. Mother's Maiden Name,

" Porter

7. Mother's Birthplace,

—

8. Full Name of Father,

Frank Burk

9. Father's Occupation,

Works for Walker or Pearson

10. Father's Birthplace,

Truman Bath Co Ind

Name of Medical Attendant, or other Person who makes this Return.

Dr Smith M.D.

Address,

Remarks,

for each offense to be recovered as other and for figures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 5627

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sep 8/88

4. Place of Birth, (Street and Number)

123 Harrison Str.

5. Full Name of Mother,

Paulina

6. Mother's Maiden Name,

" Yezover

7. Mother's Birthplace,

Galician Austria

8. Full Name of Father,

Joseph Cohn

9. Father's Occupation,

Suspenda maker

Father's Birthplace,

Galician Austria

Name of Medical Attendant, or other person who makes this Return

Rebecca Koplan

Address,

107 Broad Alley

Remarks,

any one for each or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to a fine of ten dollars for each person so convicted to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *5628*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *white*
3. Date of Birth, *Sept*
4. Place of Birth (Street and Number), *Lombard St High.*
5. Full Name of Mother, *Maud B. annan*
6. Mother's Maiden Name, *Maud Read*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Brannon*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
1. Name of Medical Attendant, or other person who makes this Return, *Mrs. P. Fitch Minkoff*
- Address, *N 901 Thillon St.*
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 6629
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, April 8/1888
4. Place of Birth, (Street and Number) Gabriel Meyer 233 N. High
5. Full Name of Mother, " Gabriel A Meyer
6. Mother's Maiden Name, " " Glacci
7. Mother's Birthplace, N. York
8. Full Name of Father, Fredrick H. Meyer
9. Father's Occupation, Actor
10. Father's Birthplace, N. Louis
- Name of Medical Attendant, or other person who makes this Return, David Smith M.D.
- Address, 403 N. Water 4-
- Remarks,

and each person of persons who shall actually fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

who shall hereinafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th A. 5630

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Sept. 9/88.

4. Place of Birth (Street and Number),

823 Morris st.

5. Full Name of Mother,

Mary A. Porter

6. Mother's Maiden Name,

" " Murphy

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Robert Lath. Porter

9. Father's Occupation,

Machinist

Father's Birthplace,

Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Edmund P. Dwyer

Address,

108 Carey ave - st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st. A 5631

Male

Sept 9/88

818 E. Eagle St.

Catharine T. Meers.

Ball

Mortimer T. Meers.

Drayman

Balt

Edward P. Meers

208 Carey St

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 5632*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Light brown skin*

3. Date of Birth, *9th of Sep 1888*

4. Place of Birth, (Street and Number) *Parish ave 312*

5. Full Name of Mother, *anne sales*

6. Mother's Maiden Name, *Sales*

7. Mother's Birthplace, *West river*

8. Full Name of Father, *amos ains*

9. Father's Occupation, *Salooner*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Lydia Somerville*

Address, *616 Clinton ave*

Remarks,

Child to report the birth to the Commissioner of Health, in the manner and within the period also provided for in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 5633

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth

Sept 9th

4. Place of Birth, (Street and Number)

W. Lee St 205

5. Full Name of Mother

Reine M. Goum

6. Mother's Maiden Name

Blanneg

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph ~~Blanneg~~ M. Goum

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. Mary Warrigan

Address

412 Scott St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 5634
- Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 9 Sept 1898
4. Place of Birth, (Street and Number) 727 S Dallas St
5. Full Name of Mother, Francis Sabin
6. Mother's Maiden Name, Zitka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Sabin
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return. Mary Koptish
- Address, 207 H Washington St
- Remarks,

and to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other civil forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A 5635

Sex, (State whether male or female). *Male*

2. Race or color, (if not of the white race) _____

3. Date of Birth, *Sept 7. 1918*

4. Place of Birth, (Street and Number) *2018 Orleans St.*

5. Full Name of Mother, *Mrs. Miss Helen Young*

6. Mother's Maiden Name, *Miss Helen Young*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *John Andrew Young*

9. Father's Occupation, *carpenter*

Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. M. Smith*

Address, *101 N. Bond St.*

Remarks, *born at home*

child to report its birth to the Commissioner of Health, or the mother and, within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of not more than \$100, and such fine shall be recoverable, in addition to the fine or fines for each day of default, by the Commissioner of Health, or by the Registrar of Vital Statistics, in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First *A 5636*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

September 9th 1888

4. Place of Birth (Street and Number),

No 314 N. Holliday

5. Full Name of Mother,

Frances Parrott

6. Mother's Maiden Name,

Banks

7. Mother's Birthplace,

Shepherdstown Va

8. Full Name of Father,

Thomas A. Parrott

9. Father's Occupation,

Postman

10. Father's Birthplace,

Lottsburg Va

Name of Medical Attendant,

or other person who makes this Return.

Amelia Johnson

Address,

No 1024 Park Ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5

A. 5637

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

9th September

4. Place of Birth, (Street and Number)

929 Ramsey St

5. Full Name of Mother,

Ellen Coakley

6. Mother's Maiden Name,

Ellen Kerne

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Coakley

9. Father's Occupation,

Hack Driver

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

W. H. Gross

Address,

113 S. Poppleton St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each child born, and the fees paid as other fines and forfeitures are recoverable.

child to report a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines, and the same are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 5638

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 9 Sep 1877

4. Place of Birth, (Street and Number) 404 of Chester of

5. Full Name of Mother, Susan Hoeft

6. Mother's Maiden Name, S. Hoeft

7. Mother's Birthplace, Bohemia

8. Full Name of Father, George Hoeft

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Keftich

Address, 207 W Washington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd* *A. 5634*
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sept 9th 1888*
4. Place of Birth, (Street and Number) *1454th Lexington*
5. Full Name of Mother, *Ella L. Rosenthal*
6. Mother's Maiden Name, *" "* *Quincy*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo A Rosenthal*
9. Father's Occupation, *Druggist*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Harold Beck*
Address, *1454th Lexington*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 5640

Sex, (state whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, Sept 10th

Place of Birth, (Street and Number) 792 W. Mulberry St

Full Name of Mother, Eida Caspina

Mother's Maiden Name, Belcamp

Mother's Birthplace, Baltimore

Full Name of Father, Charles Caspina

Father's Occupation, Cabinet maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Ware

Address, 112 2d St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten dollars for each of the returns so neglected to be recovered, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child A 5641

Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 10th September

Place of Birth, (Street and Number)

No 300 Fulton st city

Full Name of Mother,

Mrs. Hermannich

Mother's Maiden Name,

Miss Mary Thuer

Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mrs Wm Hermann

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hill

Address,

2127 1st St

Remarks

any such person or persons who shall be liable to the fine of \$100 dollars for each child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child* *642*
 1. Sex, (State whether male or female) *Girl.*
 2. Race or color, (if not of the white race) *White.*
 3. Date of Birth, *10th of September, 1888.*
 Place of Birth, (Street and Number) *2038 Orlean street*
 5. Full Name of Mother, *Dinnie Schmitt.*
 6. Mother's Maiden Name, *Dinnie Hofman.*
 7. Mother's Birthplace, *Coken Ohio*
 8. Full Name of Father, *Charlie Hofman.*
 9. Father's Occupation, *Carpenter*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Crescentia Kms*
 Address, *213 North Chapel street per Justice*
 Remarks, *Healthy.*

al to report its birth to the Commissioner of Health. Is the chance that such person or persons who shall hereafter fail to comply with the law of 1905, that they shall be liable to be fined or imprisoned to the five of ten (10) dollars for each offense, to be reduced as a matter of course, if the person or persons are not convicted of the offense? A period above that of this action shall be set aside for the purpose and for status are recoverable.

to report its birth to the Commissioner of Health, in the manner such person or persons who shall hereafter fail to comply with and to the fine of ten (10) dollars for each offense, to be recovered as

4



5644

male

W. L. L.

SEP 10 1888

no 317. 11* Street Amers

Aggie R. Green

Clark -

Baltimore Md

Lucas F. Brewer

Painter

Baltimore Md

R. G. Rankin

Waverly Ind.

Remarks,

TURN OF A F

Registrar of Vital Statistics, Board of Health

more City.

State whether 1st, 2d, 3d, &c.)

3 Child 374
Male.

Sex (male)

of the white race)

and Number)

Sept 10 — 1881

206 Hamburgs

Lizzie Fefoel

Cambridge

America

Edward Floie

Laborer

America

dant

other person who makes this Return

J. Lohpasser
1032 Hanover

Missing # A 5646 - A 5665,
incl.

RETURN

BIRTH

To the Office of Registrar of

of Health, Baltimore City.

Sept 14 1888

5666

No. of Child of Mother, (state whether 1st,

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Balto Sept 12 1888*

4. Place of Birth (Street and Number), *1579 Drough St*

5. Full Name of Mother, *Louisia Weber*

6. Mother's Maiden Name, *Louisia Rusty*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Henry Weber*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *America*

Name of Medical Attendant, *Mrs. Mary Amend*

Address, *440 D. W. St*

Remarks, *1/3*

Missing

#A 5667

#A 5668

RETUR

To the Office of Registrar of

BIRTH

Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

A 5669

Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September 12th 1888

4. Place of Birth, (Street and Number)

401. W. Baltimore Street

5. Full Name of Mother,

Louise Volkman

6. Mother's Maiden Name,

Louise Friesterjahn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Carl Volkman

9. Father's Occupation,

Jeweller

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Helene Schleifer

Remarks,

641 J. Park Street

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be au-
thorized to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) *The 3 Child 570*
Sex, (State whether male or female) *Female*
Race or color, (if not of the white race) *White*
Date of Birth, *The 13 of Sept 1888*
Place of Birth, (Street and Number) *No 15 22 Melbury Dor*
Full Name of Mother, *Christina Hensa Boehlmann*
Mother's Maiden Name, *Christina Hensa Roemig*
Mother's Birthplace, *Baltimore*
Full Name of Father, *William Boehlmann*
Father's Occupation, *Butcher*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs Ch. Lauer*
Address, *No 1057 Hartford Curs*
Remarks, *Bal Md*
1888

RETURN OF A BIRTH

To the Office of Registrar of Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth* A. 6571

Sex, (state whether male or female) *female*

Race or color, (if not of the white race) *white*

Date of Birth, *September 13th 1888*

Place of Birth, (Street and Number) *437 Conway Street*

Full Name of Mother, *Rieke Roland*

Mother's Maiden Name, *Rieke Schmidt*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Wilhelm Roland*

Father's Occupation, *Varnisher*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Requena Schleifer*

Address, *641 J. Pica Street*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

Male

White

Sept 13

1631 E Monument

Mary E. Van Manckow

Mary E. Brager

Baltimore

Gerrit van Manckow

Painter

Baltimore

Dr. H. H. Haines

1205 W Fayette

A 5672

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-4-56
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Frederick Meister 4 Child 5873
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

3. Date of Birth,

Sept 13 — 1888.

4. Place of Birth, (Street and Number).

1014 Goodman's Alley

5. Full Name of Mother,

Caroline Meister

6. Mother's Maiden Name,

Liesner

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Meister

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who
renders this Return.

J. Lohwasser, Midwife
1032 Hanover St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who do not hereafter and to comply with the provisions of this section and the regulations made thereunder, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th Child *A-5674*
 2. *Sex, (State whether male or female)* Boy
 3. *Race or color, (if not of the white race)* White
 4. *Date of Birth,* 13th of September 1888
 5. *Place of Birth, (Street and Number)* 2212 East Fayette Street
 6. *Full Name of Mother,* Laura Baum
 7. *Mother's Maiden Name,* Laura Strasburger
 8. *Mother's Birthplace,* Baltimore
 9. *Full Name of Father,* Sam Strasburger
 10. *Father's Occupation,* Salesman
 11. *Father's Birthplace,* Germany
 12. *Name of Medical Attendant, or other person who makes this Return,* Eusebia Kunkel
 13. *Address,* 213 North Chapel Street per Justina Kunkel
 14. *Remarks,* Healthy

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

5676

Sex, (State whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, 14 Sep 1881

Place of Birth, (Street and Number) 1611 Durham St

Full Name of Mother, Anna Huska

Mother's Maiden Name, Anna Prazak

Mother's Birthplace, Bohemia

Full Name of Father, Joseph Huska

Father's Occupation, Laborer

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Chas. Kaptisch

Address, 207 W Washington St

Remarks,

Call to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

Δ 0576

Sex, (state whether male or female)

Female

2. Race, or color, (if not of the white race)

White

3. Date of Birth,

Aug 14, 1888

4. Place of Birth, (Street and Number)

682 W. Baltimore St., Balt. City

5. Full Name of Mother,

Annie E. Whitmer

6. Mother's Maiden Name,

Annie E. Douglass

7. Mother's Birthplace,

Bridgeport, Conn.

8. Full Name of Father,

E. James Whitmer

9. Father's Occupation,

Surgeon

10. Father's Birthplace,

Leicester, Mass.

Name of Medical Attendant,

or other person who makes this Return.

Cooper Hutchison, M.D.

Address,

Med. Gen. Hospital 25th & Linden St. Balt

Remarks,

any such person of persons as is liable for the same, with the exception of the section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 6 Child

Sex. (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

The 14 Sept 1888

4. Place of Birth (Street and Number)

No 1054 Lisquith St

5. Full Name of Mother,

Catharine Frost

6. Mother's Maiden Name,

Catharine Hess

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Frost

9. Father's Occupation,

Houseman Penitentiary

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Ch Linn

Address,

No 1054 Maryland Ave

Remarks,

Bal Md

1888

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, and the provisions of this section shall be enforceable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *5678*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *9.15.88.*

4. Place of Birth, (Street and Number) *1156 Bohaw St.*

5. Full Name of Mother, *Mary Ellen Barber*

6. Mother's Maiden Name, *Ms. Hair*

7. Mother's Birthplace, *Newark, N.J.*

8. Full Name of Father, *James C. Barber,*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Richmond, Va.*

Name of Medical Attendant, or other Person who makes this Return, *Louis M. Eastman,*

Address, *772 Lexington St.*

Remarks, *Natural.*

For each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 child A 5679*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *white*
- Date of Birth *14 Sept*
- Place of Birth, (Street and Number) *227 Cedar*
- Full Name of Mother, *Rebeka Lovey*
- Mother's Maiden Name, *Rebeka Meyer*
- Mother's Birthplace, *Balti Md*
- Full Name of Father, *Laya Lovey*
- Father's Occupation, *beer agent*
- Father's Birthplace, *vien*
- Name of Medical Attendant, or other Person who makes this Return. *Schuman*
- Address, *327 Bond*
- Remarks,

or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances may provide.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4th

A. 5-680

1. ~~State whether male or female~~

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept, 17th 1888

4. Place of Birth, (Street and Number)

212 E. 2nd St.

5. Full Name of Mother,

Mary Huskey

6. Mother's Maiden Name,

" Fink

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Samuel Huskey

9. Father's Occupation,

Columbian

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

Abraham M. M.

Address,

1102 E. Baltimore St.

Remarks,

Instrumental

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A 5681

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Col.

3. Date of Birth,

Apr. 8th

4. Place of Birth, (Street and Number)

1058 W. West St.

5. Full Name of Mother,

Caroline Horns

6. Mother's Maiden Name,

Caroline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sam'l. Scott

9. Father's Occupation,

Labor

Father's Birthplace,

Annapolis

Name of Medical Attendant, or other person who makes this Return.

Caroline Moore

Address,

58 W. West St.

Remarks,

any such person or persons who shall knowingly fail to comply with the provisions of this section shall be fined to the fine of ten dollars for each child born, and if the fine is not paid, the child shall be recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 5682

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, September 4th 1888

4. Place of Birth (Street and Number), Belair Ave. 1852

5. Full Name of Mother, Sofie Schatz

6. Mother's Maiden Name, Sofie Moskey

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schatz Head.

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Magdalene Brune

Address, 1600 Belvoir St.

Remarks,

who shall hereafter fail to do so, in the manner and within the period above required, and any such person or persons who shall be convicted of such offence, shall be liable to a fine of ten dollars for each offence, to be recovered in the usual manner, and for failure to be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 5653

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

7th
Remail
47220
Sept 4
1125 Seaboard St
Catharine Hicks
Hugh
Forchester, C. H. &
Robert Hicks
Labor
Forchester, C. H. &
Seaboard St. 1125
York St. 1125

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *5684*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept 5/88*

4. Place of Birth, (Street and Number) *2019 Oak Av.*

5. Full Name of Mother, *Alfred Atkinson*

6. Mother's Maiden Name, *Augusta Jones*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Alfred Atkinson*

9. Father's Occupation, *Book-Keeper*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return, *Thos O'Brien M.D.*

Address, *600 N Howard St*

Remarks,

any such person or persons, who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered by civil process, and in addition be liable to the payment of the costs of such proceedings.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 6685*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 6th 1888*

4. Place of Birth, (Street and Number) *730 Greenmount Ave*

5. Full Name of Mother, *Augusta Homer*

6. Mother's Maiden Name, *Simon*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Henry Homer*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Maryland*

11. Name of Medical Attendant, or other Person who makes this return, *Samuel Beek M.D.*

Address, *304 E. Euter St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

one A. 0686

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 6

4. Place of Birth, (Street and Number)

805 Marlborough

5. Full Name of Mother,

Ella Cole

6. Mother's Maiden Name,

Ella May

7. Mother's Birthplace,

Easton Shore

8. Full Name of Father,

John M. Cole

9. Father's Occupation,

Head Carrier

10. Father's Birthplace,

Baltimore Co

Name of Medical Attendant, or other Person who makes this Return

E. L. Lutz

Address,

807 Madison St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *8* Child of Mother, (state whether 1st, 2d, 3d, &c.) *A 5688*
 1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *10 September 1888*
 4. Place of Birth, (Street and Number) *719 Bay St*
 5. Full Name of Mother, *Mary Ellen Westward*
 6. Mother's Maiden Name, *Mary Ellen Murphy*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Lawrence Kernard*
 9. Father's Occupation, *Machinist*
 10. Father's Birthplace, *Baltimore Co*
 Name of Medical Attendant, *or other person who makes this Return.* *Mrs. Hunter*
 Address, *23 N Poppleton St*
 Remarks,

(over)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD - JOHN LYDON
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 5889

1. Sex, (State whether male or female) male
 2. Race or color, (if not of the white race) white
 3. Date of Birth, 11 Sept 1888
 4. Place of Birth, (Street and Number) 1504 Ramsay St
 5. Full Name of Mother, Margaret A Lydon
 6. Mother's Maiden Name, Kane
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Timothy Lydon
 9. Father's Occupation, Plaster
 10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs Ann Hunter No 123
Address, Board of Health, Baltimore W. Pappellat
231 Pappellat St
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother, U

6. Mother's Maiden Name

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

A. 5890

male

colored

Sept. 12 1888

4199 East Street

Mrs. J. G. Robinson

and West

Baltimore City

Wm. Robinson

White - engineer and sailor

Virginia

Mrs. Caroline Robinson

#133 East Street

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

2591

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White. (Negro)

3. Date of Birth

Monday Sept 10th 88

4. Place of Birth, (Street and Number)

358 Mulberry St

5. Full Name of Mother,

Ananda Elliott

6. Mother's Maiden Name,

Ananda Harman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis F. Elliott

9. Father's Occupation,

Wine Merchant

10. Father's Birthplace,

Chamberburg Pa

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. J. J. J.

Address,

358 Mulberry St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

A. 0892

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *12th September 1898*

4. Place of Birth, (Street and Number) *Palmer Street No 26*

5. Full Name of Mother, *Marie Kiefer*

6. Mother's Maiden Name, *Koenig*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Leopold Gottlieb Kiefer*

9. Father's Occupation, *Wagon Maker*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return.

Address, *Foul Street No 434 Caroline Thway*

Remarks,

Noted to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

A 5693

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 12 1888

4. Place of Birth, (Street and Number) 816 S Charles St.

5. Full Name of Mother, Gessie Hopflich

6. Mother's Maiden Name, Matsuman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Theodore Hopflich

9. Father's Occupation, Shipping clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough

Address, W. C. Montgomery St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A 35694

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept 13th

4. Place of Birth, (Street and Number)

201 South High

5. Full Name of Mother,

Rachel Jacobs

6. Mother's Maiden Name,

Rachel Green

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Abraham Jacobs

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return

Daniel W. Meyer M.D.

Address,

1207 N. Enoch St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A 5593

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth

Sept 14th 1888.

4. Place of Birth (Street and Number)

Lafayette ave No 1324.

5. Full Name of Mother

Mary E Hice

6. Mother's Maiden Name

Mary E Seibel

7. Mother's Birthplace

Balt City.

8. Full Name of Father

George H. Hice

9. Father's Occupation

Provision Dealer & Grocer.

Father's Birthplace

Frederick Co Md

Name of Medical Attendant,

or other Person who makes this Return.

Geo E. Gales

Address

1711 N. Cary St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother. (state whether ~~1st~~ 2d, 3d, &c.)

5696

1. Sex. (state whether ~~male~~ or female)

2. Race or Color. (if not of the white race)

3. Date of Birth. Sept. 15 88.

4. Place of Birth. (Street and Number)

114 Hughes St.

5. Full Name of Mother

Mrs. Fannie Hersh.

6. Mother's Maiden Name.

Fanny Becker

7. Mother's Birthplace.

New Jersey

8. Full Name of Father.

John Hersh

9. Father's Occupation.

Engineer

10. ☒ Father's Birthplace.

MD

Name of Medical Attendant or other Person who makes this Return

A. L. John M.D.
1435 Light St.

Address.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5697

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 Sept

4. Place of Birth, (Street and Number)

Elkton Place No 907

5. Full Name of Mother,

Emma Brown

6. Mother's Maiden Name,

Emma Barton

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Richard O Brown

9. Father's Occupation,

Carman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Helen W. W. W.

Address,

Board of Health Baltimore City

Remarks,

996 Greenmount Av

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Child A-5648

1. Sex, (State whether male or female)

Boy

2. Race or color, (if not of the white race)

White - race

3. Date of Birth,

14th Septem^r 1888

4. Place of Birth, (Street and Number)

No 1010 Prince st

5. Full Name of Mother,

Mrs. Rider

6. Mother's Maiden Name,

Mrs. Shipley

7. Mother's Birthplace,

Prizan Germany

8. Full Name of Father,

Mrs. Rider

9. Father's Occupation,

Laborer

Father's Birthplace,

Prizan Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hiller

Address,

2127 west Pratt st

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child 5644*

1. Sex, (State whether male or female) *Girl*

2. Race or color, (if not of the white race) *White race*

3. Date of Birth, *14th September 1888*

4. Place of Birth, (Street and Number) *No 1919 Fayette st*

5. Full Name of Mother, *Mrs Balhner*

6. Mother's Maiden Name, *Miss Lizzie Corman*

7. Mother's Birthplace, *Born Baltimore*

8. Full Name of Father, *Mr Lawrence Balhner*

9. Father's Occupation, *Birth Man*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other person who makes this Return.* *Mr Miller*

Address, *2127 west Pratt st*

Remarks,

Any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A 5700

1 Sex, (state whether male or female) *Female*

2 Race or color, (if not of the white race) *White*

3 Date of Birth, *Sept. 15th 1888.*

4 Place of Birth, (Street and Number) *2204 M^e Culloh*

5 Full Name of Mother, *Ida H. Eisenbrandt*

6 Mother's Maiden Name, *Kehn*

7 Mother's Birthplace, *Balto. City*

8 Full Name of Father, *Chas. R. Eisenbrandt*

9 Father's Occupation, *Merchant*

10 Father's Birthplace, *Balto. City*

Name of Medical Attendant, *H. Christian, M.D.*
or other person who makes this Return.

Address, *1821 Madison Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 5701

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth,

Sept 15 1885

4. Place of Birth (Street and Number),

928 Cathedral

5. Full Name of Mother,

Marie Jane Hillman Taylor

6. Mother's Maiden Name

Mc

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John A. Taylor

9. Father's Occupation,

Banker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

C. H. Gumpel M.D.

Address,

928 Cathedral

Remarks,

for each infant, to be recovered as other cases and infirmities are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male* *A 5702*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *Colored Race*
 Date of Birth, *One child*
 Place of Birth, (Street and Number) *Sept 17 1888*
 Full Name of Mother, *11 Little Broadway*
 Mother's Maiden Name, *Carrie Kincy*
 Mother's Birthplace, *Accomac County Va*
 Full Name of Father,
 Father's Occupation,
 Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return, *Lucinda Woolford*
 Address, *432 Register St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 15703

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Col.

3. Date of Birth.

Sept. 17

4. Place of Birth, (Street and Number)

Balta 107 W. West St.

5. Full Name of Mother.

Lillian Grover

6. Mother's Maiden Name.

Lillian

7. Mother's Birthplace.

Balta

8. Full Name of Father.

Alfred Grover

9. Father's Occupation.

Walter

10. Father's Birthplace.

W.

Name of Medical Attendant; or other person who makes this Return.

Miss. Caroline Grover

Address.

58 W. West St.

Remarks.

Printed to the line of ten for dollars for each office, to be received by the Registrar of Vital Statistics.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child* A 5704
 Sex, (State whether male or female) *Girl*
 Race or color, (if not of the white race) *White*
 Date of Birth. *17th of September 1888*
 Place of Birth, (Street and Number) *406 North Cassel street*
 Full Name of Mother. *Louis Sigler*
 Mother's Maiden Name. *Louisa Rigger*
 Mother's Birthplace. *Baltimore*
 Full Name of Father. *John Rigger*
 Father's Occupation. *Printer*
 Father's Birthplace. *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Crescentia Kunkel*
 Address. *213 North Chapel st. per Justina Kunkel*
 Remarks. *The child is healthy.*

Printed to the fine of ten (10) dollars for each offense, to be recovered against the printer and stationer, if the return is not received by the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the 1st day of October following the date of the birth.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Katherine Fisher Krause

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child* *A. 5705*

Sex, (State whether male or female)

Girl

2. Race or color, (if not of the white race)

White

3. Date of Birth,

17th of September 1888.

4. Place of Birth, (Street and Number)

1937 East Orlean street.

5. Full Name of Mother,

Louise (Maunt) Krause

6. Mother's Maiden Name,

Louise Krause Maunt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Krause

9. Father's Occupation,

Cutter

Father's Birthplace,

German

Name of Medical Attendant, or other person who makes this Return.

Crescencia Kunkel

Address,

213 North Chapel St. Magdalena Kunkel

Remarks,

Healthy.

OTEN NAME ASKED

3-4-53

4-77

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th : : : : 5706

1. Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth, Sept 17th 1888

4. Place of Birth (Street and Number), 319 E. Biddle St

5. Full Name of Mother, Annie Alice Barron

6. Mother's Maiden Name, Manning

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Heaney Barron

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Abbeidan, W. Virginia

Name of Medical Attendant, or other person who makes this Return, Elias C. Price, M.D.

Address, 913 N. Head Street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks.

Male

White

September 17, 1888

Guilford Ave. 2023.

Lizzie Regard

Herman

City

Julius Regard

Tobacco & Cigars

Europe

A. Tinsley, M.D.

2029 St Paul St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child* 5708

Sex, (state whether male or female). *Male*

Race or color, (if not of the white race) *Colored Race*

Date of Birth, *Sept 11 1888*

Place of Birth, (Street and Number) *611 Guess*

Full Name of Mother, *Magie Dockins*

Mother's Maiden Name, *Magie Hudson*

Mother's Birthplace, *Bonnes Ann Co*

Full Name of Father, *Charles Dockins*

Father's Occupation, *Labor*

Father's Birthplace, *East shore Md*

Name of Medical Attendant, (or other person who makes this Return) *Lucindia Woodford*

Address, *432 Register St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *5709*
 1. Sex (state whether male or female), *Female*
 2. Race or Color (if not of the white race), *White*
 3. Date of Birth, *Sept 7th, 1880*
 4. Place of Birth (Street and Number), *1811 Park Ave.*
 5. Full Name of Mother, *Emily Louisa Littig Shaffer Amos*
 6. Mother's Maiden Name, *Emily Louisa Littig Shaffer*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles L. Amos*
 9. Father's Occupation, *Supt of Ice Plant*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, (or other person who makes this Return), *Eldridge C. Rice, M.D.*
 Address, *7013 Linden Ave.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

5710

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

September 11

1888

4. Place of Birth, (Street and Number)

Border lane No 209

5. Full Name of Mother,

Martha Miles

6. Mother's Maiden Name,

Martha Miles

7. Mother's Birthplace,

Harford County

all

8. Full Name of Father,

X X X

9. Father's Occupation,

X X X

10. Father's Birthplace,

X X X

Name of Medical Attendant, or other person who makes this Return.

Frederick R. R. R.

Address,

Carroll St Baltimore City

Remarks,

Preserved in the files of the Registrar of Births and Deaths, to be recovered as other files and instruments are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child A. 5711*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Colored Race*

3. Date of Birth, *Sept 11 1888*

4. Place of Birth, (Street and Number) *1621 N. Chapel St*

5. Full Name of Mother, *Rebecca Adkins*

6. Mother's Maiden Name, *Rebecca Pitt*

7. Mother's Birthplace, *Deer County Pa*

8. Full Name of Father, *David Adkins*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Deer County Pa*

Name of Medical Attendant, or other person who makes this Return, *Lucinda Wolford*

Address, *432 Regester St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elmer Ellsworth Browning Jr.
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5712

1. Sex (state whether male or female), o

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 12th 1888

4. Place of Birth (Street and Number), 430 Robert St

5. Full Name of Mother, Maria Frederica Browning

6. Mother's Maiden Name, Witice

7. Mother's Birthplace, Williamsville Erie Co. N.Y.

8. Full Name of Father, Elmer Ellsworth Browning

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias C. Price M.D.

Address, 953 Madison Ave

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A-5713
1. Sex (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 13th 1888
4. Place of Birth, (Street and Number) 344 S. Fulton St
5. Full Name of Mother William Cunningham
6. Mother's Maiden Name Adeline Woods
7. Mother's Birthplace Baltimore
8. Full Name of Father William Cunningham
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. D. McKim
- Address 1401 Linden Ave
- Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 57111
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 13th 1888
4. Place of Birth, (Street and Number) Lexington & Calverton Road
5. Full Name of Mother Amelia Preston
6. Mother's Maiden Name Stump
7. Mother's Birthplace Balto
8. Full Name of Father Osborn Preston
9. Father's Occupation Telegraph Operator
10. Father's Birthplace Balto
Name of Medical Attendant, or other Person who makes this Return. Dr. R. M. Kinn
Address 1401 Linden av
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

Sex (state whether male or female): *Girl*

2. Race or Color, (if not of the white race), *white*

3. Date of Birth, *Sept. 13, 88*

4. Place of Birth (Street and Number), *Jackson St. 1550*

5. Full Name of Mother, *Hali Berden*

6. Mother's Maiden Name, *Mc Guire*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Wm. Berden*

9. Father's Occupation, *Work B. C.*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *or other person who makes this Return.*

Address, *Johanne Jansac
Garrett St. 1363*

Remarks, *Good Cast Joint*

for each offence, to be recorded in the office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 15-16

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Sept 15-1891

4. Place of Birth (Street and Number),

714 Tysons St.

5. Full Name of Mother,

Cornelia Harris

6. Mother's Maiden Name,

Cornelia Strange

7. Mother's Birthplace,

Manchester, N. H.

8. Full Name of Father,

Walter T. Harris

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other person who makes this Return.

Mrs. Charity Jones

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as civil dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. 5717

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

September 14th. 88.

4. Place of Birth, (Street and Number)

1015 Vine St.

5. Full Name of Mother,

Lettie Parker

6. Mother's Maiden Name,

Lettie Heywood

7. Mother's Birthplace,

Annis Arundel Co. Md.

8. Full Name of Father,

John Parker

9. Father's Occupation,

Brick mason

Father's Birthplace,

Annis Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Heleth W. M. D.

Address,

1720 W. Fayette St. cor Carrollton Ave.

Remarks,

for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6 child. Δ 5718*

1. Sex, (state whether male or female) *female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth *188 Chaptin ave.*

4. Place of Birth, (Street and Number) *192 Cranford ave.*

5. Full Name of Mother, *Anna Sobomte*

6. Mother's Maiden Name, *Anna Miller*

7. Mother's Birthplace, *Waltham, Massachusetts*

8. Full Name of Father, *Peter Sobomte*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Germany, Rhine.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Schuman*

Address, *327 Bond St.*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered by the Registrar of Vital Statistics.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* *D* *A* *5719*

Sex, (State whether male or female) *Female*

Race or color, (if not of the white race) *White*

Date of Birth, *17 Th of September*

Place of Birth, (Street and Number) *Johnson st 1251*

Full Name of Mother, *Latie Neal*

Mother's Maiden Name, *Latie Schwartz*

Mother's Birthplace, *Baltimore*

Full Name of Father, *James Richard Neal*

Father's Occupation, *Car Conductor*

Father's Birthplace, *Dorchester Co Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs Conway*

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Edwin Dashiell
Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 5720

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White, &c.

3. Date of Birth,

September 17th 88.

4. Place of Birth, (Street and Number)

1133 N. Gilmore St.

5. Full Name of Mother,

Alice Dashiell

6. Mother's Maiden Name,

Alice Prichard

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Chas. E. Dashiell

9. Father's Occupation,

Printer

10. Father's Birthplace,

York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return.

Heletia M.D.

Address,

1120 W. Fayette St. Cor. Carrollton Ave.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child A 5721

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 7th 10 P.M. 1888

4. Place of Birth, (Street and Number)

23 S. Broadway

5. Full Name of Mother,

Mme. Emma Erchberger

6. Mother's Maiden Name,

A. R. Dooker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Salzer Erchberger

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

James C. Dinnick M.D.

Address,

1701 E. Baltimore St.

Remarks,

for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

A. 6722

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 9th 1888

4. Place of Birth, (Street and Number)

621 E. Lombard St.

5. Full Name of Mother,

Louisa Sendelbach

6. Mother's Maiden Name,

Roesler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Sendelbach

9. Father's Occupation,

Harness-maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. B. Schwatke M.D.

Address,

933 N. Broadway

Remarks,

within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6* *5723*
 Sex, (state whether male or female) *girl*
 Race or color, (if not of the white race) *white*
 Date of Birth, *September 8th 1888*
 Place of Birth, (Street and Number) *869 Common Street Baltimore*
 Full Name of Mother, *Mary McKenney*
 Mother's Maiden Name, *Mary Brown*
 Mother's Birthplace, *Ireland*
 Full Name of Father, *James McKenney*
 Father's Occupation, *Gardener*
 Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *Catharine Mitchell*
 Address, *112 Callender Street Baltimore*
 Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th. 15934

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept. 10, 1881.

4. Place of Birth, (Street and Number)

72 1/2 Luzerne St.

5. Full Name of Mother,

Frederica Sulcman

6. Mother's Maiden Name,

Frederica Sulcman

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Henry Sulcman

9. Father's Occupation,

Shipyard

10. Father's Birthplace,

Balto.

Name of Medical Attendant,

or other person who makes this Return.

Marion S. Mason

Address,

111 E. Gay St.

Remarks,

ected to the fine of ten dollars for each offense, to be recovered as a civil debt, and all returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 5720

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

10 9 September

4. Place of Birth, (Street and Number)

Baltimore City 44

5. Full Name of Mother,

Annery Perry

6. Mother's Maiden Name,

Annery Jallery

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

Edward Perry

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth McDermott

Address,

424 North Register Street.

Remarks,

Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c) _____

Sex; (state whether male or female) _____

2. Race or color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth; (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

A. 5726

girl

White

September 12th 1888

6 21 Lee Street City

Marta J. Lane

Marta J. Edwards

Tarford Co.

Ephraim C. Lane

Steam Fitter

Reslin M.T.

Catharine Mitchell

1112 Calender Street Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

fect to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.* *5-727*

Sex, (state whether male or female) *male*

Race or color, (if not of the white race) *white*

Date of Birth, *Sept. 12, 1888.*

Place of Birth, (Street and Number) *227 Plomas St.*

Full Name of Mother, *Elizabeth Drury*

Mother's Maiden Name, *Elizabeth Kiel*

Mother's Birthplace, *Balto.*

Full Name of Father, *George Drury*

Father's Occupation, *Calver*

Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Drury*

Address, *126 Eugene*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st* A. 5728

1. Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Sept. 12, 1888*

4. Place of Birth, (Street and Number) *2433 Lancaster St.*

5. Full Name of Mother, *Mary Batchelor*

6. Mother's Maiden Name, *Mary Boston*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *William Batchelor*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *May L. Lippincott*

Address, *7th Avenue St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 3rd

A

5729

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 13 1888

4. Place of Birth, (Street and Number)

St. Charles St. No. 124

5. Full Name of Mother

Mary S. Hallan

6. Mother's Maiden Name

J. Schnappinger

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George B. Hallan

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mary S. Hallan

Address

1804 N. Lexington St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 5730

Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept. 13, 1888

4. Place of Birth, (Street and Number)

511 Port St.

5. Full Name of Mother,

Margaret Guinness

6. Mother's Maiden Name,

Margaret Roberts

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Benjamin Guinness

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return

Mary L. Sullivan

Address,

726 Superior St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A 6731

Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September 14 11 1888

4. Place of Birth, (Street and Number)

Lemmon St 108 West

5. Full Name of Mother,

Delia McConnell

6. Mother's Maiden Name,

Delia Tye

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph McConnell

9. Father's Occupation,

Knicker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Catharine Mitchell

Address,

117 Calverton Street Baltimore

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *A. 5732*

● Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Sept. 15th

4. Place of Birth (Street and Number),

805 S. Canton St.

5. Full Name of Mother,

Martha Johnson

6. Mother's Maiden Name,

Martha Johnson

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Winfield King

9. Father's Occupation,

laborer

● Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

R. M. Heale

Address,

1029 D. Hill ave.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child* *A5733*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *Colored*

3. Date of Birth, *Sept 13th*

4. Place of Birth (Street and Number), *26 Dunganalee*

5. Full Name of Mother, *Marie Wilson*

6. Mother's Maiden Name, *Annie Jones*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Sam Jones*

9. Father's Occupation, *Barbering*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Elizabeth McDermey*

Address, *424 Regester St. 26 Dunganalee*

Remarks, *Heart*

For each office, to be recovered an other line and forfeitures are recoverable.

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 6th* *5734*
1. Sex, (state whether male or female) *male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Sept. 13, 1818*
4. Place of Birth, (Street and Number) *2041 Canton Ave.*
5. Full Name of Mother, *Allice Cook*
6. Mother's Maiden Name, *Allice Lawrence*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Charles Cook*
9. Father's Occupation, *Lawyer*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return, *Mary G. Truque*
- Address, *726 Luzerne St.*
- Remarks *Full name of child - William H. Cook*

jected to the fine of ten and dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A. 5735

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Race Colored

3. Date of Birth,

17th of Sept

4. Place of Birth, (Street and Number)

At 1424 Hampstead

5. Full Name of Mother,

Martha Regust Barnet

6. Mother's Maiden Name,

Martha Pasterson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Pasterson

9. Father's Occupation,

Walter

Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Georgiana Webb

Address,

24 Iron alley

Remarks,

for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 5734

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Sept. 18, 1888*

4. Place of Birth, (Street and Number) *2323 Carey St.*

5. Full Name of Mother, *Julia Langood*

6. Mother's Maiden Name, *Julia Miller*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *George Langood*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mary J. Enayie*

Address, *126 E. Enoch St.*

Remarks,

jected to the fine of ten (10) dollars for each offence, if he recovered on other suits and judgments are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

2. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female.
Colored

September 12, 1888

812 Vincent St. Baltimore, Md.

Mary E. Anderson

Mary E. Pratt

Baltimore City, Md.

John Anderson

Waiter

Carlisle, Pa.

Eliza Foster

2009 Etting St. Balt., Md.

Good.

5A. 5/37

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

jected to the fine of ten dollars for each offense, to be recovered, other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 5739

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 5 - 1888

4. Place of Birth, (Street and Number)

2420 E. Fayette St.

5. Full Name of Mother,

Maggie Belle

Harry Lawson

6. Mother's Maiden Name,

Blume

Blume

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Harry Lawson

9. Father's Occupation,

Ship Smith

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

P. G. Touchette

Address,

1127 E. Baltimore St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

A. 5740

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Sept 6 of 88

4. Place of Birth, (Street and Number)

1420 N. W. St.

5. Full Name of Mother,

Julia Flint

6. Mother's Maiden Name,

Julia Broadland

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Wm. Smith

9. Father's Occupation,

Driver

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return

Jane Williams

Address,

Ind

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

9th of September

4. Place of Birth, (Street and Number)

10 Albemarle St.

5. Full Name of Mother,

Susie Lankas

6. Mother's Maiden Name,

Hecker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Herman Lankas

9. Father's Occupation,

Driver

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this return.

Mrs. Sarah Casper

Address,

122 Swanby St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *5th* Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female) *female*

3. Race or color, (if not of the white race) *White*

4. Date of Birth, *Sept 9th 1888*

5. Place of Birth, (Street and Number) *1212 N. Bales St*

6. Full Name of Mother, *Kate Stehle*

7. Mother's Maiden Name, *Kate Haefenwager*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Peter Stehle*

10. Father's Occupation, *Shoemaker*

11. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Susan Sturges*

Address, *23 W. Poppleton St*

Remarks,

Noted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A5743

1. Sex, (State whether male or female)

female
white

2. Race or color, (if not of the white race)

3. Date of Birth,

10 September

4. Place of Birth, (Street and Number)

Benton ave 2436

5. Full Name of Mother,

Minnie Malen

6. Mother's Maiden Name,

Kisser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Malen

9. Father's Occupation,

potter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Knowles

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

Clement Baer

Male

White

September 11 - 88

1211 Greigh St.

Maggie Baer

Maggie Norman

Baltimore

George Baer

Funeral Inspector

Baltimore

Frank G. Myers, M.D.

400 E. 1st St.

A 5744

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* A 5745
 1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *11th of September*
 4. Place of Birth, (Street and Number) *1211 Gough St*
 5. Full Name of Mother, *Susan Kafikan*
 6. Mother's Maiden Name, *Horn*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *John Kafikan*
 9. Father's Occupation, *Seaman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. S. Casper*
 Address, *1022 Branbyast*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

5746

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 12th 1888

4. Place of Birth, (Street and Number)

818 1st St.

5. Full Name of Mother,

Catherine M. Rempel

6. Mother's Maiden Name,

" Busch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Rempel

9. Father's Occupation,

Ship chandler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Madame Parke

Address,

94 N. Charles St.

Remarks,

Not to be filled out by the Registrar of Vital Statistics, Baltimore City, unless the birth is a stillbirth or the child is born dead.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 0 Second 5747
 1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, 1888 September 12th
 4. Place of Birth, (Street and Number) Washington avenue 1370
 5. Full Name of Mother, Mary Emma Wheeler
 6. Mother's Maiden Name, Mary Emma Seymour
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Robert Wheeler
 9. Father's Occupation, driver of an ice wagon
 10. Father's Birthplace, Baltimore city
 Name of Medical Attendant, or other person who makes this Return, Susan Hunter
 Address, 23 N. Poppleton St
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) *Second* *A 5748*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *September 12th 1888*

4. Place of Birth, (Street and Number) *764 Mulberry St.*

5. Full Name of Mother, *Margaret Tracy*

6. Mother's Maiden Name, *Margaret Fugman*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Charles Tracy*

9. Father's Occupation, *Machine Hand*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Susan Hunt*

Address, *23 W. Coppellton St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child* *15749*

Sex, (state whether male or female) *one boy & one girl*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *Sept 12*

Place of Birth, (Street and Number) *418 N. Duane*

Full Name of Mother, *Alexia Washington*

Mother's Maiden Name, *Alexia Barnes*

Mother's Birthplace, *St Mary Co*

Full Name of Father, *Joe Washington*

Father's Occupation, *Waiter*

Father's Birthplace, *St Mary Co*

Name of Medical Attendant, or other Person who makes this Return, *Susan Fennie*

Address, *804 Sterling St*

Remarks, *This lady has twins*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. A. 5750

1. Sex. (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth

September 13 - 88

4. Place of Birth, (Street and Number)

N. E. Co. High St. - Baltimore St.

5. Full Name of Mother

Emma Liehner

6. Mother's Maiden Name

Emma Visser

7. Mother's Birthplace

Russia

8. Full Name of Father

Hyman Liehner

9. Father's Occupation

Legat Maker

10. Father's Birthplace

Russia

Name of Medical

Another person who makes the return

Dr. G. M. Meyer

Address

4 So. Epton

Remarks

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5th
A 5751
Male
White
Sept 14 1888
19 E Wm St
Mary Pickens
Wilson
Orchard Co Me
John C. Pickens
Commissioner
Mass
Frederick C. Pickens
74 N. Charles St
Feb 11/83

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 5752

1. Sex, (state whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 14, 1884

4. Place of Birth, (Street and Number)

509 W. Lombard St

5. Full Name of Mother,

Calhouna C. Schladt

6. Mother's Maiden Name,

" " " "

7. Mother's Birthplace,

Washington, D.C.

8. Full Name of Father,

Arthur J. Schladt

9. Father's Occupation,

Grain Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Theodore Cooke

Address,

1111 Charles St. Room 13

Remarks,

THEODORA COOKE

printed in the line of the Registrar of Vital Statistics, Baltimore City, and for future use are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d child*

Sex, (state whether male or female) *Male* *5753*

Race or Color, (if not of the white race) *White*

Date of Birth, *Sept 14th 1888*

Place of Birth, (Street and Number) *300¹/₂ Lombard St*

Full Name of Mother, *Amelia Smith*

Mother's Maiden Name, *Amelia Hoyle*

Mother's Birthplace, *West Virginia*

Full Name of Father, *Louis Smith*

Father's Occupation, *Bar-keeper*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *W. B. Noble M.D.*

Address, *307¹/₂ Harbor St*

Remarks, *City*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *5-754*
1. Sex (state whether male or female); *Female*
2. Race or Color (if not of the white race); *white*
3. Date of Birth, *14th Sept 1888*
4. Place of Birth (Street and Number), *216 N. Calvert St.*
5. Full Name of Mother, *Julia O'Donnell*
6. Mother's Maiden Name, *Julia Sampson*
7. Mother's Birthplace, *Boston Mass.*
8. Full Name of Father, *John O'Donnell*
9. Father's Occupation, *Brother*
10. Father's Birthplace, *Iowa*
Name of Medical Attendant, or other person who makes this Return, *Samuel Meyers*
Address, *120 22 Barnett*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child A-5758

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

15th of September

4. Place of Birth, (Street and Number)

Baltimore 2454 Cantonment

5. Full Name of Mother,

Lora M. Jackson

6. Mother's Maiden Name,

Lora Reinisch

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George M. Jackson

9. Father's Occupation,

tan maker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Amos W.

Address,

1829 E. Pratt St.

Remarks,

jected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

2d
Is 5756
Male
White
Sept 13 1888
333 W. Baltimore
Catharine Crosswell
" " " W. E. Murray
Baltimore
George Crosswell
Clark
Baltimore
Frederick Crosswell
74 N. State St.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

5757

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Carroll Carr
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Male
White
Sept. 15th 1868
1425 Battery Road
Agnes Carr
" Kennedy
Baltimore
John Carr
Baltimore
Baltimore
Shooting & Game Wad
John Carr

Printed to the line of ten (10) dollars for each filence, to be recovered in other filence and filences are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

of Child of Mother. (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 2. Sex, (State whether male or female) *Female*
 3. Race or color, (if not of the white race) *White*
 4. Date of Birth, *Sep. 17. 1888*
 5. Place of Birth, (Street and Number) *Barrett St 1130*
 6. Full Name of Mother, *Sofey Schindhardt*
 7. Mother's Maiden Name, *Sofey Schindhardt*
 8. Mother's Birthplace, *Balt*
 9. Full Name of Father, *George Schindhardt*
 10. Father's Occupation, *Butcher*
 11. Father's Birthplace, *Balt*
 12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Ethel*
 Address, *No 1619 Cuba St*
 Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A 5760*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sep 18. 1888*

4. Place of Birth, (Street and Number) *Garrett av 1314*

5. Full Name of Mother, *James Neubek*

6. Mother's Maiden Name, *Frances Zickman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joseph Neubek*

9. Father's Occupation, *Labore*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this return, *Mary Ethel*

Address, *No 1619 Cuba St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* *4th Child* *A. 5761*

2. *Sex, (State whether male or female)* *Boy*

3. *Race or color, (if not of the white race)* *White*

4. *Date of Birth,* *19th of September 1888*

5. *Place of Birth, (Street and Number)* *132 South Durham Street*

6. *Full Name of Mother,* *Maggie Rodman*

7. *Mother's Maiden Name,* *Maggie Kerner*

8. *Mother's Birthplace,* *Baltimore*

9. *Full Name of Father,* *John Kerner*

10. *Father's Occupation,* *Laborer*

11. *Father's Birthplace,* *Baltimore*

12. *Name of Medical Attendant, or other person who makes this Return,* *Crescentia Kunkel*

13. *Address,* *213 North Chapel St. per Justina Kunkel*

14. *Remarks,* *Healthy*

Missing #A 5762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

5765

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 20 1888

4. Place of Birth, (Street and Number)

2711 Sharp St.

5. Full Name of Mother,

Fanny D. Allen

6. Mother's Maiden Name,

" Dixon

7. Mother's Birthplace,

Accomac Co Va.

8. Full Name of Father,

Robert Henry Allen

9. Father's Occupation,

Button Hole Operator

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Harvey H. H. H.

Address,

507 Belington Ave

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the provisions of the Act of 1882, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A. 67

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) col.

3. Date of Birth, Sept 20th 1888

4. Place of Birth, (Street and Number) Yorkwood.

5. Full Name of Mother, Maria Patrick

6. Mother's Maiden Name, Maria

7. Mother's Birthplace, Virginia

8. Full Name of Father, Lewis Patrick

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. D. H. Reiche

Address, Waverly

Remarks,

Small text on the left margin: Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24

A 5765

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Sept 20 - 188

4. Place of Birth, (Street and Number) 327 E Townsend St

5. Full Name of Mother, Belle Foster

6. Mother's Maiden Name, Belle Browne

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Foster

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

W H Reichel M.D.

Address,

Travels

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 5766
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 20 1888

4. Place of Birth, (Street and Number)

1407 Hull St

5. Full Name of Mother,

Clementina Wiegand

6. Mother's Maiden Name,

Clementina Rogerson

7. Mother's Birthplace,

England

8. Full Name of Father,

George Wiegand

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. B. Noble, M.D.

Address,

307 Warren av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* . . . *A-10-787*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 21st 1888*

4. Place of Birth, (Street and Number) *228 Parkin St.*

5. Full Name of Mother, *Helena Cecilia Murn*

6. Mother's Maiden Name, *Reichman*

7. Mother's Birthplace, *New York City*

8. Full Name of Father, *Richard C. Murn*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *H. W. Weber M.D.*

Address, *814 W. Lombard St.*

Remarks, *Natural Labor*

For each offense to be recovered as other lines and/or figures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12.

A. 5768

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

Colored.

3. Date of Birth,

21. September

4. Place of Birth, (Street and Number)

1145. McEldery St.

5. Full Name of Mother,

Rosy. Thompson.

6. Mother's Maiden Name,

Aderson.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles. Thompson

9. Father's Occupation,

Helper at Iron Office

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary. Walter.

Address,

503. Caroline St.

Remarks.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. 5769

Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

22. September

4. Place of Birth, (Street and Number)

505 N. Caroline St.

5. Full Name of Mother,

Mary Lee.

6. Mother's Maiden Name,

Mary Maginnes

7. Mother's Birthplace,

Richmond, Virginia

8. Full Name of Father,

George H. Lee

9. Father's Occupation,

Furniture Store

Father's Birthplace,

Richmond, Virginia

Name of Medical Attendant, or other person who makes this Return.

Mary Walter.

Address,

503 N. Caroline St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child* **A5770**

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 22 1888

4. Place of Birth, (Street and Number)

205 Talper St

5. Full Name of Mother,

Fannie Dabage

6. Mother's Maiden Name,

Fannie Addins

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

John marison dabage

9. Father's Occupation,

tailor

10. Father's Birthplace,

the pencilvania

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. C. C. C.

Address,

213 Talper St

Remarks,

Persons who shall hereafter, all comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

Not to be used for any purpose other than to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruelie Frances Anderson
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 35771
1. Sex, (State whether male or female) *Female.*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sept 22nd 88.*
4. Place of Birth, (Street and Number) *120 N. Chester St.*
5. Full Name of Mother, *Rosema Anderson*
6. Mother's Maiden Name, *Thompson*
7. Mother's Birthplace, *Mathews Co., Virginia*
8. Full Name of Father, *Thomas Anderson*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Gloucester Co., Virginia*
Name of Medical Attendant, or other person who makes this Return, *D. W. C. Smith M.D.*
Address, *413 Broadway*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. 5772
2742

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept 20 1888*

4. Place of Birth, (Street and Number) *116 Poppleton Corn Philadelphia*

5. Full Name of Mother, *Ida Smith*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Dr. Know*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return.

William J. Mulvihill
735 N. Bond St

Address,

Remarks,

permitted to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

A. 5773

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth September the 21

4. Place of Birth (Street and Number) 704 Wolf St last house out

5. Full Name of Mother Mariah Steppard

6. Mother's Maiden Name Mariah Burton

7. Mother's Birthplace Catonsville

8. Full Name of Father George Steppard

9. Father's Occupation Rod Carver's laborer

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Misses Deolia Steppard

Address 1039 Cosley St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

such person or persons who shall hereafter fail to comply with the provisions of this section shall be and to the fine of ten (10) dollars for each offence, to be recovered at other and by the Board of Health.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female).

3. Race or color, (if not of the white race).

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

Colord.

Stockholm St 814 Sept 29

Stockholm St 814

Lorance Johnson

Lorance Ridgely

Baltimore

Richard Johnson

Baltimore

labor

Baltimore

Amnie Carson

6.774

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



Name: Anton Herman Letschin Sept. 24, 1888
 Sex of Child: Male 6-775
 (state whether 1st, 2d, 3d; &c.)
 Race of Color (if not of the white race): White
 Date of Birth: Balta Sept 22 1888
 Place of Birth (Street and Number): 1718 Alice Ann St.
 Full Name of Mother: Katie (Letschin) Letschin
 Mother's Maiden Name: Katie Klemmer
 Mother's Birthplace: America
 Full Name of Father: Adolph (Letschin) Letschin
 Father's Occupation: Leather Worker
 Father's Birthplace: Germany
 Name of Medical Attendant, or other person who makes this Return: Mrs. Mary Amend
 Address: 610 N. Wolfe St.
 Remarks: 45

for each offense, to be recovered as other fines and forfeitures

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 5776
 Sex, (state whether male or female) Male
 Race or color, (if not of the white race) _____
 Date of Birth, Sept 23rd
 Place of Birth, (Street and Number) 309 S Washington St
 Full Name of Mother, Annie Kausz
 Mother's Maiden Name, Winter
 Mother's Birthplace, Baltimore
 Full Name of Father, Herman Kausz
 Father's Occupation, Stvedore
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Alrika Goetzke
 Address, 114 S Bond St.
 Remarks, _____

jected to the fine of ten (10) dollars for each child not to be recovered. After three (3) months, forfeitures are recoverable.

BALTIMORE, MD.

RETURN OF A BIRTH

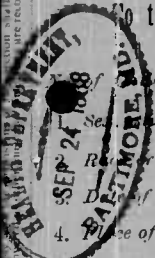
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child A 5777*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *September 24 1888*
4. Place of Birth, (Street and Number) *No 115 Hamburg St*
5. Full Name of Mother, *Emma R McDowell*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Baltimore M. D.*
8. Full Name of Father, *M. H. McDowell*
9. Father's Occupation, *stone cutter*
10. Father's Birthplace, *Baltimore M. D.*
- Name of Medical Attendant, or other person who makes this return, *Ann E. Smith*
- Address, *No 1002 Hamburg Street*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not to be filled out until the child is recoverable.



No. of Mother, (state whether 1st, 2d, 3d, &c.) 2 Benjamin 6778
 Sex, (state whether male or female) Male
 Race or color, (if not of the white race) White
 Date of Birth, Sept 3, 1898
 4. Place of Birth, (Street and Number) 1005 Watson St.
 5. Full Name of Mother, Eva Miller
 6. Mother's Maiden Name, Eva Epstein
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Abram Miller
 9. Father's Occupation, Presser
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, E. Scherman
 Address, Albemarle St W 103
 Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Harry* *A* 15781

1. Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *Sept 10, 188*

Place of Birth, (Street and Number) *146 Lombard St*

Full Name of Mother, *Ester Friedl*

Mother's Maiden Name, *Ester Kaplan*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Benjamin Friedl*

9. Father's Occupation, *Peddler*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *W. Scherman*
or other person who makes this Return.

Address, *Albemarle St W 103*

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered by the State, and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Fanny A 57 2a*
 Sex, (state whether male or female) *Female*
 Race or color, (if not of the white race) *White*
 Date of Birth, *Sept 12, 1888*
 Place of Birth, (Street and Number) *1117 Pratt St*
 Full Name of Mother, *Jennie Enden*
 Mother's Maiden Name, *Jennie Davis*
 Mother's Birthplace, *Russia*
 Full Name of Father, *Harrie Enden*
 Father's Occupation, *Cigar-maker*
 Father's Birthplace, *Russia*
 Name of Medical Attendant, or other person who makes this Return, *V. Seperman*
 Address, *Albemarle St 103*
 Remarks,

Imprinted in the fine of ten dollars for each offense, to be recovered as other taxes and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Lazer* *A 5743*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *Sept 14 1888*

Place of Birth, (Street and Number) *204 Harrison St*

Full Name of Mother, *Lyer Stefaner*

6. Mother's Maiden Name, *Lyer Yeasock*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Israel Stefaner*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *C. Scherman* or other person who makes this Return.

Address, *St. Charles St ex 103*

Remarks,

Penalty for non-compliance with this section shall be as follows: For each child born and for each child whose birth is not reported to the Office of Registrar of Vital Statistics, a fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section shall be submitted to the Registrar of Vital Statistics, Baltimore City, for filing, and the return shall be recoverable, subject to the fine of ten (10) dollars for each offense.

SEP 24 1908
BALTIMORE

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Charlie A* 15784

2. Sex, (state whether male or female) *Male*

3. Race or color, (if not of the white race) *White*

4. Date of Birth, *Sept 13, 1888*

5. Place of Birth, (Street and Number) *1158 Low St*

6. Full Name of Mother, *Jennie Goldberg*

7. Mother's Maiden Name, *Jennie Wentzel*

8. Mother's Birthplace, *Russia*

9. Full Name of Father, *Max Goldberg*

10. Father's Occupation, *Tailor*

11. Father's Birthplace, *Russia*

12. Name of Medical Attendant, or other person who makes this Return, *E. Scherman*

13. Address, *Chesapeake St. No. 103*

14. Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *5785*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *September 17th 1888*

Place of Birth, (Street and Number) *#102. Argenth st.*

Full Name of Mother, *Delia Bougens*

Mother's Maiden Name, *Delia Malooly*

Mother's Birthplace, *Baltimore city*

Full Name of Father, *J. O. Bougens*

Father's Occupation, *Saddle Maker*

Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return, *J. W. Roden*

Address, *1836 Greenmount Av*

Remarks,

BALTIMORE

Not to be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, unless the child is born in Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

A 5786

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, September 11

4. Place of Birth (Street and Number), Mulikin St. No. 1147

5. Full Name of Mother, Olivia Dickson Banks

6. Mother's Maiden Name, Olivia Dickson

7. Mother's Birthplace, Cambridge

8. Full Name of Father, Henderson Banks

9. Father's Occupation, Brick maker

10. Father's Birthplace, Eastern Shore Del.

Name of Medical Attendant, or other person who makes this Return, Wm. L. Conroy

Address, No. 424 North Regester St.

Remarks,

for each offense, to be recovered as other taxes and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

A 5787

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 28th

4. Place of Birth, (Street and Number)

229 Albemarle St.

5. Full Name of Mother,

Maggie Wessendorf

6. Mother's Maiden Name,

Hunger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Wessendorf

9. Father's Occupation,

Tailor

Father's Birthplace,

Germany

Name of Medical Attendant, of other person who makes this Return.

Mitka Goetke

Address,

114 S Bond St.

Remarks,

jected to the fine of ten (10) dollars for each offense, to recover which the forfeitures are recoverable.

SEP 28 1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

A 5788

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 19th,

4. Place of Birth, (Street and Number)

1149 Lianby St.

5. Full Name of Mother,

Kate Bude

6. Mother's Maiden Name,

Kassler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Herman Bude

9. Father's Occupation,

Moulder

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Ulrika Goetzke

Address,

114 S Bond St.

Remarks,

SEP 25 1908
If fee is not paid, this certificate is not valid for legal purposes.
If fee is not paid, this certificate is not valid for legal purposes.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child A. 6789*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *1st September 1901*

Place of Birth, (Street and Number) *White Hall (corner of St.) No 6*

Full Name of Mother, *Mrs. Alice Mary Sawyer*

Mother's Maiden Name, *Fargo*

Mother's Birthplace, *Blackford Co. Pennsylvania*

Full Name of Father, *Greenleaf Sawyer*

Father's Occupation, *Farmer*

Father's Birthplace, *Mass.*

Name of Medical Attendant, or other person who makes this Return, *Elizabeth Wicks*

Address,

Remarks,

Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st* *A. 5790*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *Sept. 19th*
 Date of Birth, *320 S. Dallas St.*
 Place of Birth, (Street and Number) *Maggie Jordan*
 Full Name of Mother, *" City*
 Mother's Maiden Name, *Baltimore*
 Mother's Birthplace, *John Jordan*
 Full Name of Father, *Book Dealer*
 Father's Occupation, *Baltimore*
 Father's Birthplace, *Ulrika Goetzke*
 Name of Medical Attendant, or other person who makes this Return, *114 S Bond St.*
 Address,
 Remarks,

Not to be used for any purpose other than that for which it was issued, and the provisions of this section shall be applied to the fine of \$100 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

17th, A 5791

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Black

Date of Birth,

September 3rd / 88.

Place of Birth, (Street and Number)

101 East St

Full Name of Mother,

Micatha Barden

Mother's Maiden Name,

" Gould

Mother's Birthplace,

Prince Georges Co, Md

Full Name of Father,

Cyrus Warden

Father's Occupation,

Labourer

Father's Birthplace,

Balto County.

Name of Medical Attendant, or other Person who makes this Return.

J. D. Saunders M.D.

Address,

279 E. Chase St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank William Sandruck, Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *first* 9742

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 11/98*

4. Place of Birth, (Street and Number) *611 N. Paca St.*

5. Full Name of Mother, *Ann*

6. Mother's Maiden Name, *Baker*

7. Mother's Birthplace, *Penn.*

8. Full Name of Father, *Frank Sandruck*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *J. H. Smith*

Address, *909 E. Charles St.*

Remarks, *GIVEN NAME ADDED, 16-16-53*

h. m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of* Mother, (state whether 1st, 2d, 3d, &c.)

1 Child. 5795
Male

2. *Sex* (state whether male or female)

3. *Race or color*, (if not of the white race)

4. *Date of Birth*,

Sept 16 — 1888

5. *Place of Birth*, (Street and Number)

626 Sharp st.

6. *Full Name of Mother*,

Fredricke Sandrock
Ressler

7. *Mother's Maiden Name*,

8. *Mother's Birthplace*,

America

9. *Full Name of Father*,

Charlie Sandrock

10. *Father's Occupation*,

Druggist

11. *Father's Birthplace*,

America

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser. Midwife
1103 E. Hanover st

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child A 6794

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)..

3. Date of Birth,

Sept 17 — 1888

4. Place of Birth, (Street and Number)

1032 Seadenfall st

5. Full Name of Mother,

Sahra Gerhard

6. Mother's Maiden Name,

Bisler

7. Mother's Birthplace,

America

8. Full Name of Father,

Daniel Gerhard

9. Father's Occupation,

Laborer

Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser Midwife

Address,

1032 Kanover st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 6795*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept. 15, 1888.

4. Place of Birth (Street and Number),

301 Jonathan Mylechurch

5. Full Name of Mother,

Mary Miles.

6. Mother's Maiden Name,

Mary Rummel

7. Mother's Birthplace,

Esslingen, Germany.

8. Full Name of Father,

George D. Miles.

9. Father's Occupation,

Machineist.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Mary Gleason

Address,

2117 Canton Ave. Balt.

Remarks,

any such person as persons who shall hereafter be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, and such fines and forfeitures are recoverable

4. NO CITY PRINTS AND STATIONERS

1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *19 September 1888*
 4. Place of Birth, (Street and Number) *Kingsgate St 221*
 5. Full Name of Mother, *Susan Vesonen*
 6. Mother's Maiden Name, *Shuntar*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Richard E. Vesonen*
 9. Father's Occupation, *Can maker*
 10. Father's Birthplace, *Baltimore*
 11. Name of Medical Attendant, *Susan Shuntar*
 Address, *23 N. Proppelton St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1 Child 5797
Female

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 19 — 1888

4. Place of Birth, (Street and Number)

44 Pottery st
Lorley Snide
Wolts

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Paul Linde

9. Father's Occupation,

Can-maker

Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

J. Lohyasser Midwife
1032 Hanover st

Address,

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other bills and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4 Child 5775

Sex, (state whether male or female)

Female

Race or color, (if not of the white race)

Date of Birth.

Sept 19 1888

Place of Birth, (Street and Number)

1220 Wall st.

Full Name of Mother.

Emma Seipel

Mother's Maiden Name.

Kessler

Mother's Birthplace.

America

Full Name of Father.

George Seipel

Father's Occupation.

Laborer

Father's Birthplace.

America

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser. Midwife

Address.

1032 Hanover st

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 5799
Second Child

Sex, (State whether male or female)

Little Boy

Race or color, (if not of the white race)

White race

Date of Birth,

20th of Sep 1888

Place of Birth, (Street and Number)

at 1916 Lemon st

Full Name of Mother,

Mrs. Hechler

Mother's Maiden Name,

Miss Maggie Wilman

Mother's Birthplace,

Prizan Germany

Full Name of Father,

Mr. Hechler

Father's Occupation,

Shoemaker

Father's Birthplace,

Prizan Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 Pratt st

Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than \$100 nor more than \$500, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child 5800

Sex, (State whether male or female)

Little Boy

Race or color, (if not of the white race)

White race

Date of Birth,

20th of Sep 1888

Place of Birth, (Street and Number)

No 1839 West Pratt st

Full Name of Mother,

Mrs Holbein

Mother's Maiden Name,

Miss Lizzie Hahl

Mother's Birthplace,

Baltimore

Full Name of Father,

Mrs Holbein

Father's Occupation,

Car Driver

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Hiller

Address,

2127 West Pratt st

Remarks,

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offence, to be recovered, no other fines and forfeitures are recoverable.

A 0801

- 6 Chital

- Little Boy

- White-race

- 22nd September 1888

- Land where Lane

- Mr: Kappauf

- Mein Vater

- Payson, German

- Mr. Daniel Thappauf

- Butcher

- Bayer Germany

- Mrs. Miller

- 2127 Р. 2127

- ### 3. CITY WINTERS AND STATIONS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. 5 Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Sept 23^d

#2212 Division St.

Maffie Sumner

Chubb

Pikesville Balto Co

Andrew Sumner

Brass Finisher

Balto City

John S. Huck

#649 N. Townsend St

Miscamias 7 months

5802

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

A 15823

Sex, (state whether male or female)

White Male

Race or Color, (if not of the white race)

White

Date of Birth,

September 23rd. 1888.

Place of Birth, (Street and Number)

21 N. Carrollton Ave.

Full Name of Mother,

Cecilia E. McGee

Mother's Maiden Name,

Cecilia E. Schaeffer

Mother's Birthplace,

Baltimore Md.

Full Name of Father,

Eugene R. McGee

Father's Occupation,

Plumber

Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

H. C. Oakes, M. D.

Address,

1120 N. Fayette St. or Carrollton Ave.

Remarks,

for each offense to be recovered as other files and forfeitures are provided

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

3-5-04

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 23rd 88.

4. Place of Birth, (Street and Number)

= 1107 Pennsylvania Av.

5. Full Name of Mother,

Laura Della Buon

6. Mother's Maiden Name,

Laura Della Fifer

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Charles Wm. Buon.

9. Father's Occupation,

Dairy man

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. O'Leary M.D.

Address,

= 1120 W. Fayette St. cor. Carrollton St.

Remarks,

for each offense to be recovered as other laws and ordinances are respectively made.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *only the very first one*
- Sex (state whether Male or Female) *male*
- Race or Color (if not of the white race) *Caucasian*
- Date of Birth *September the 24 1888*
- Place of Birth (Street and Number) *No 8007 South Street St*
- Full Name of Mother *Lou Creashan Smith*
- Mother's Maiden Name *Baltimore County*
- Mother's Birthplace *Baltimore*
- Full Name of Father *Robert Smith*
- Father's Occupation *laborer*
- Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Deolia Sheppard*
- Address *No 1039 north Cost St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 5806

1. Sex, (State whether male or female).

female

2. Race or color, (if not of the white race)

white race

3. Date of Birth

Sept. the 25th

4. Place of Birth, (Street and Number)

Bal Charles St No 1416

5. Full Name of Mother,

Mary Bookhutte

6. Mother's Maiden Name,

Breitgel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph H. Bookhutte

9. Father's Occupation,

Tin and sheet iron worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Huthorn

Address.

Light St No 1514

person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 25th 1888.

4. Place of Birth, (Street and Number) 2532 Canton Ave.

5. Full Name of Mother, Mary L. Thomas

6. Mother's Maiden Name, " " Regner

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Jos. D. Thomas

9. Father's Occupation, Seaman

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return J. P. Hopman M.D.

Address, 1872 E. Balt. H.

Remarks, _____

any person or persons who shall knowingly or negligently fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, and the penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex* of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 5508*
 2. *Sex* State whether male or female *female*
 3. *Race* Race or color, (if not of the white race) *white race*
 4. *Date* Date of Birth, *Sept 25th 1882*
 5. *Place* Place of Birth, (Street and Number) *Baltimore E 1st Hill St 115*
 6. *Full Name* Full Name of Mother, *Sophia Curran*
 7. *Mother's Maiden Name* *reed*
 8. *Mother's Birthplace* *Chester Town Kent Co*
 9. *Full Name* Full Name of Father, *James Curran*
 10. *Father's Occupation* *labour*
 11. *Father's Birthplace* *Baltimore*
 12. *Name of Medical Attendant* *Elizabeth Huthorn*
 13. *Address* *812 E 1st St*
 14. *Remarks*

such person or persons who shall thereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered by the Registrar of Vital Statistics, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *5804*
1. Sex, (Male or female) *male*
2. Race or color, (if not of the white race) *white race*
3. Date of Birth, *Sept the 2th*
4. Place of Birth, (Street and Number) *Baltimore fort. St. Mary*
5. Full Name of Mother, *Maria McCarthy*
6. Mother's Maiden Name, *Clabery*
7. Mother's Birthplace, *England*
8. Full Name of Father, *William McCarthy*
9. Father's Occupation, *labors*
10. Father's Birthplace, *ireland*
- Name of Medical Attendant, or other person who makes this Return, *Elisabeth Lathain*
- Address, *light St No 1514*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 5810

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Sept 9th 1888.

Place of Birth, (Street and Number) 2229 Jefferson St.

Full Name of Mother, Mollie Cantrich.

Mother's Maiden Name, Brown

Mother's Birthplace, Balto.

Full Name of Father, David J. Cantrich.

Father's Occupation, Laborer

Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return Dr. J. M. Hoffman, M.D.

Address, 187 E. E. Balto Md

Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as provided in the laws of the State of Maryland.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6811

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *14 day of Sept*

4. Place of Birth, (Street and Number) *223 Gensuita*

5. Full Name of Mother, *Hanny Brady Murray*

6. Mother's Maiden Name, *Brady*

7. Mother's Birthplace, *Dorchester County*

8. Full Name of Father, *William Murray Jr*

9. Father's Occupation, *Labouring Man*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mary Maker*
or other Person who makes this Return

Address, *122 York Street*

Remarks,

for each offense to be recovered as other laws and for

SEP 21 1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 5812
Female.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

14th Sept.

4. Place of Birth (Street and Number),

1414 Division St.

5. Full Name of Mother,

Emma A. Geise.

6. Mother's Maiden Name,

" " Lappe.

7. Mother's Birthplace,

Butler H. Geise.

8. Full Name of Father,

~~B. H. Geise~~ Baltimore

9. Father's Occupation,

Upholster.

10. Father's Birthplace,

Seitzland (York Co. Pa.)

Name of Medical Attendant, or other person who makes this Return.

Mrs. Rollins.

Address,

Vincent Alley.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Only each person of persons who had the effect of being subjected to the fine of ten (10) dollars for each offence, to be assessed as other fines and forfeitures are recoverable.

Only each person of persons who had the effect of being subjected to the fine of ten (10) dollars for each offence, to be assessed as other fines and forfeitures are recoverable.

7 ad **A** 0813

Ferrale

bal -

Dec 18th 1895

116 Seldner St

Louise Dennis

Balth., m

Yook Bordley

Oyster Shell Creek

Herk-Island mol

Barclay, Morse

Barclay, Morse

658 At West-st

TY PRINTERS AND STATUERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child* A. 5812
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *September 22, 1888*
4. Place of Birth (Street and Number) *No. 922 Drexelhill St.*
5. Full Name of Mother *Maggie Thomas*
6. Mother's Maiden Name *Maggie Thomas*
7. Mother's Birthplace *in Ireland*
8. Full Name of Father *Sam Thomas*
9. Father's Occupation *a Laborer*
10. Father's Birthplace *in Baltimore*
11. Name of Medical Attendant, or other Person who makes this Return.
- Address *Widwife Thomas 922 Drexelhill St.*
- Remarks *Still Birth. Stillborn.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st* **A.** *5815*

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *September 22nd 1888*

4. Place of Birth, (Street and Number) *504 Dover Street*

5. Full Name of Mother, *Caroline Biermann*

6. Mother's Maiden Name, *Caroline Bünge*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Biermann*

9. Father's Occupation, *Boxmaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Helene Schleifer*

Address, *641st Penn Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh - 5816*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *September 22^d 1888*
4. Place of Birth, (Street and Number) *720 Light Street Baltimore*
5. Full Name of Mother, *Katharine Freitag*
6. Mother's Maiden Name, *Katharine Steinmiller*
7. Mother's Birthplace, *Kuchelheim of Hesse Germany*
8. Full Name of Father, *Philip Freitag*
9. Father's Occupation, *Cigar Manufacturer*
10. Father's Birthplace, *Kuchelheim of Hesse Germany*
- Name of Medical Attendant, or other person who makes this Return. *Dr. U. von Reumer*
- Address, *cor Hill & Light St. Baltimore*
- Remarks, *None*

jected to the fine or ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5817

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

2. State whether male or female.

Female
White

3. Race or color, (if not of the white race)

4. Date of Birth,

24 Sept 1888

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

Josephine Brown
Kellen

7. Mother's Maiden Name,

Balt.

8. Mother's Birthplace,

9. Full Name of Father,

Monty Brown
Sailor

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Noted to the fine of ten (10) dollars for each offense to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5818

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

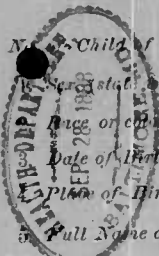
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* **A 5819**
2. Sex (state whether male or female) *Male*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *September 6th 1888*
5. Place of Birth, (Street and Number) *116 Hughes Street* *Baltimore*
6. Full Name of Mother, *Charles Mary Long*
7. Mother's Maiden Name, *Charles Mary Upton*
8. Mother's Birthplace, *Leavenworth City, Kansas*
9. Full Name of Father, *Frank William Long*
10. Father's Occupation, *Bar tender*
11. Father's Birthplace, *Gallesburg, Ireland*
- Name of Medical Attendant, or other person who makes this Return. *W. A. von Reumer*
- Address, *cor Hill & Light St. Baltimore*
- Remarks, *Mors*

Noted to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third B. 0-820
 Sex, (state whether male or female) Female
 Race or color, (if not of the white race) White
 Date of Birth, September 10 1888
 Place of Birth, (Street and Number) No. 1710 Hanford ave.
 5. Full Name of Mother, Sarah Coleman
 6. Mother's Maiden Name, Sarah Weber
 7. Mother's Birthplace, Maryland
 8. Full Name of Father, Frank P. Coleman
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Maryland
 Name of Medical Attendant, or other person who makes this Return, Dr. A. Blissell M.D.
 Address, 812 1/2 Hanford ave.
 Remarks,

Filed to the file of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ected to the fine of ten (10) dollars for each offense to be retained and that all fines and penalties are recoverable.

SEP 28 1982

1. Sex, (state whether male or female) - Female

3. ^E Date of Birth, ... September 11, 1888.

5. Full Name of Mother, *Bertha Brand.*

6. Mother's Maiden Name, Bertha Feast.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Ernest P. Brant

9. Father's Occupation, *Open Builder*

1. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

Aug. A. Blewell M.D.
11241 Sanford ave.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sealed to the fine of ten (10) dollars for each of these to be recovered.



1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c) *Eighth* 6822
 2. Sex (state whether male or female) *Male*
 3. Race or color, (if not of the white race). *White*
 4. Date of Birth, *Sept 11, 1895*
 5. Place of Birth, (Street and Number) *No. 1839 Harford ave*
 6. Full Name of Mother, *Catherine Powers*
 7. Mother's Maiden Name, *Catherine*
 8. Mother's Birthplace, *Maine land*
 9. Full Name of Father, *William Powers*
 10. Father's Occupation, *Stable Boy*
 11. Father's Birthplace, *New York*
 Name of Medical Attendant, *Dr. C. C. Clewell M.D.*
 Address, *1207 N. 2nd St. Baltimore*
 Remarks, *attended by Mary J. Landon, midwife, who requested me to report it.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

As other fines and penalties are recoverable
 SEP 26 1900
 100, CITY PRINTERS AND STATISTICIANS

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* *A. 5823*
2. Sex, (State whether ~~male~~ or female) *female*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *September 13th 1888*
5. Place of Birth, (Street and Number) *S. Exeter St No 500*
6. Full Name of Mother, *Barbara Hartman*
7. Mother's Maiden Name, *Barbara Eckert*
8. Mother's Birthplace, *Baltimore City*
9. Full Name of Father, *George Hartman*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Baltimore City*
12. Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*
13. Address, *N. Dallas St No. 114*
14. Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 5824 3*

1. Sex, (state whether male or female) *Female* *7*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept. 14. 1888* *14*

4. Place of Birth, (Street and Number) *1527 Myrtle av* *1527*

5. Full Name of Mother, *Florence H. ~~Young~~ Brewer*

6. Mother's Maiden Name, *" " Drury*

7. Mother's Birthplace, *Marblehead W. Va.*

8. Full Name of Father, *A. V. Brewer*

9. Father's Occupation, *Cmn. Merchant*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return, *Silas Baltimore*

Address *639 Delphin St.*

Remarks,

or persons who shall hereafter fill in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other penalties and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be liable for the full cost of the recovery of the same, and for all other costs and expenses incurred in the recovery of the same.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2282

10. Race or Color, (if not of the white race)

1000

Place of Birth, (Street and Number)

Sept 18 1888

Full Name of Mother,

1332 Mother
of the Abolition.

h. Mother Maiden Name.

111. *Strong*

Mother's Birthplace,

Bath m

Full Name of Father,

Roth T. Nelson

9. *Father's Occupation,*

Clark

Father's Birthplace.

Call us at Co. 1111

Name of Medical Attendant, or other Person who makes this Return.

H. L. Piccirilli

Address.

f55 W. Lempard sh

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 27 1888

- A. 5826*
1. *1* of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)
2. Sex (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth *September 20th - 1888*
5. Place of Birth, (Street and Number) *1572 1/2 McAllen St*
6. Full Name of Mother *Lilly Langmeyer*
7. Mother's Maiden Name *" Lutz*
8. Mother's Birthplace *Balto*
9. Full Name of Father *Charles Langmeyer*
10. Father's Occupation *Merchant*
11. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *W. R. McKim*
- Address *140 E. Linden a*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 *11th Child* *A. 5827*

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *September 22nd 1888*

4. Place of Birth, (Street and Number) *Eastern Ave. No 925*

5. Full Name of Mother, *Anna E. Beth*

6. Mother's Maiden Name, *Anna E. Mollen*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George W. Beth*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Methendorf, Bavaria, Germany*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Mueller*

Address, *N. Dallas St No 114*

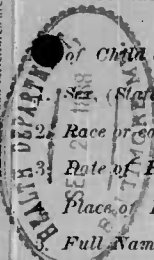
Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as damages and forfeitures are recoverable.



1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child *A-5828*
2. *Sex, (State whether male or female)* male
3. *Race or color, (if not of the white race)* White
4. *Date of Birth,* September 24th 1888
5. *Place of Birth, (Street and Number)* Chew St No 1644
6. *Full Name of Mother,* Julia M. Meekins
7. *Mother's Maiden Name,* Julia M. Spunkler
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father,* William Meekins
10. *Father's Occupation,* Wood worker
11. *Father's Birthplace,* Baltimore City
- Name of Medical Attendant, or other person who makes this Return.* Mary E. Müller
- Address,* N. D. Allar St No 114
- Remarks,*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* *A. 0829*

1. Sex, (State whether male ~~or female~~)

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *September 24th 1893*

4. Place of Birth, (Street and Number) *Eastern Ave No 929*

5. Full Name of Mother, *Maggie Röchner*

6. Mother's Maiden Name, *Maggie Penning*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Röchner*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St No 114*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th A 5530
2. Sex, (State whether ~~male~~ or female) MARRIED Amalia Sophia
3. Race or color, (if not of the white race) White
4. Date of Birth, September 25th 1888
5. Place of Birth, (Street and Number) Fairmount Ave. No 1525
6. Name of Mother, Katie Winter
7. Mother's Maiden Name, Katie Schäfer
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, George Winter
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return. Mary E Müller
- Address, N Dallas St No 194
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth. A. 5831

1. Sex (state whether male or female),

Male.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

11.45 P.M., Sept. 25th., 1888.

4. Place of Birth (Street and Number),

1016 N. Carrollton Ave.

5. Full Name of Mother,

Priscilla Doughty.

6. Mother's Maiden Name,

Brodwater.

7. Mother's Birthplace,

Snow Hill, Worcester Co., Md.

8. Full Name of Father,

Henry Clinton Doughty.

9. Father's Occupation,

Dry Goods Salesman.

10. Father's Birthplace,

Virginia.

Name of Medical Attendant, or other person who makes this Return.

Eugene L. Crutchfield, M.D.

Address,

921 N. Carrollton Avenue,

Remarks,

Baltimore, Md.

mother, immediately thereafter it shall become the duty of the father or person in charge of the child to report the birth to the Commissioner of Health. In the manner and within the time specified in this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

to be in attendance upon the mother, immediately thereafter, to secure the due birth of the child, and to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by law, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

Whitely & Co., City Printers and Stationers.

55 shall receive the due and proportion of interest thereon and withholding period of the same. In the event of a recovery of the same, the same shall be subject to the same.

another, immediately thereafter
restoration of health, in the mid-
winter; all in conformity with the provisions
of other laws and regulations.

be in attendance upon him
regard its birth to the (cont)
or persons who shall heretofore
for each offence to be recovered

Shy & Co., City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *6833*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *Sept 26 1:30 PM. 1888*

Place of Birth, (Street and Number) *215 S. Euter St*

Full Name of Mother, *Mary Ann Washington*

Mother's Maiden Name, *M. A. Rupp*

Mother's Birthplace, *Balto. Co.*

Full Name of Father, *Geo. Washington*

Father's Occupation, *Machinist*

Father's Birthplace, *Balto. Co.*

Name of Medical Attendant, or other Person who makes this Return, *James E. Driscoll M.D.*

Address, *1701 E. Baltimore St.*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth* *A* *5834*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race)
4. Date of Birth, *Sept. 2nd 1888*
5. Place of Birth, (Street and Number) *1110 Patterson av.*
6. Full Name of Mother, *Ann R. Sartin*
7. Mother's Maiden Name, *" " Wright*
8. Mother's Birthplace, *Balt.*
9. Full Name of Father, *J. W. C. Sartin*
10. Father's Occupation, *Salesman*
11. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Edw. Sartin*
- Address, *639 Duquesne St.*
- Remarks,

be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to report the birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Missing #A5835 to #A5837,
incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

0838

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Colored

Sept 25th 1888

1027 Daniel Hall Ave

Nosetta May Brown

Leaueford

Cumbealand Md

Wm F Brown

Waiter

Baltimore

Elias C Price M.D.

953 Madison Ave

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

of persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

repairs its bills to the Commission of local, State, Federal and foreign taxes and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printer and Stationers

1. Sex, (state whether male or female)

Date of Birth,

4 Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 26th, 1884*

4. Place of Birth, (Street and Number) *125 E. Franklin St.*

5. Full Name of Mother, *Josephine Ginnick*

6. Mother's Maiden Name, *Ginnick*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Wm. Ginnick*

9. Father's Occupation, *Ice maker*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. Ginnick*

Address, *111 S. Broadway*

Remarks, *2*

Persons who shall hereafter comply with the provisions of this Act shall be liable to the fine of ten (10) dollars for each infraction to be recovered as other fines and costs.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d; &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th Child. A. 5843

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 28. 1888

4. Place of Birth, (Street and Number)

1333 N. Central Ave.

5. Full Name of Mother,

Anna E. Boyle

6. Mother's Maiden Name,

Anna E. Brooks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Boyle

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Powell M.D.

Address,

2124 St. Paul St.

Remarks,

Child - Healthy

report its birth to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A.* *08411*

1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Sept 28th 1881*
4. Place of Birth (Street and Number), *5th Preston St.*
5. Full Name of Mother, *Mrs S F Robinson*
6. Mother's Maiden Name, *Fisher*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Alexander R. Robinson*
9. Father's Occupation, *Lawyer*
10. Father's Birthplace, *Charles Co. Md*
11. Name of Medical Attendant, or other person who makes this Return, *C P Hamblet M.D.*
- Address, *925 Latrobe St.*
- Remarks,

This certificate is required of every person who shall hereafter fail to comply with the provisions of this act, and who shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other laws and forfeitures are recovered by.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

7th *A 5845*

1. Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth,

Sept 28th 1888.

4. Place of Birth (Street and Number),

633 W. Sargolaga St.

5. Full Name of Mother,

Elizabeth Binswanger,

6. Mother's Maiden Name,

Elizabeth

7. Mother's Birthplace,

Baltimore City, Md.

8. Full Name of Father,

David Binswanger.

9. Father's Occupation,

Painter.

10. Father's Birthplace,

Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return.

John L. [unclear] M.D.

Address,

62 W. Lexington St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Sept. 28 1897.

4. Place of Birth, (Street and Number) 132. Widen St.

5. Full Name of Mother, Annice Tilden

6. Mother's Maiden Name, Stangley

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Jessie Tilden

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. Scarborough

Address, 15 E. Montgomery St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the time which he may prescribe, and shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

REVENUE ADDED 4-19-56
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Ruby Arrell Bruff

A. 5847

No. Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

Sept-16th 1888

4. Place of Birth, (Street and Number)

5-23, N. Charles St -

5. Full Name of Mother

Esther Eugenie Bruff

6. Mother's Maiden Name,

" " Sapp

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joshua O. Bruff

9. Father's Occupation,

Corn. Merchant

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Wm. L. Russell

Address,

205 N Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A. 6848*
- Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *September 28th 1888*
4. Place of Birth (Street and Number), *944 N. Howard St.*
5. Full Name of Mother, *Carrie Cooper*
6. Mother's Maiden Name, *Loney*
7. Mother's Birthplace, *Ann Arundel Co Md*
8. Full Name of Father, *Daniel Cooper*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Centerville Md*
- Name of Medical Attendant, *or other person who makes this Return. Annelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner and within the time prescribed by the provisions of the Act, and any person or persons who fail to comply with the provisions of the Act, or who make a false statement, or who neglect to file the required return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A* *0850*

2. Sex, (State whether male or female) *Male*

3. Race or color, (if not of the white race)

4. Date of Birth, *Sept 21. 1888*

5. Place of Birth, (Street and Number) *1270 Bond St.*

6. Full Name of Mother, *Mrs. Adelaide Huddle King*

7. Mother's Maiden Name, *Mrs. Mary Adelaide Huddle*

8. Mother's Birthplace, *Shasta, Cal.*

9. Full Name of Father, *James Albert King*

10. Father's Occupation, *Printer*

11. Father's Birthplace, *Balt. Md.*

12. Name of Medical Attendant, or other person who makes this Return, *G. C. Ricker, M.D.*

13. Address, *1000 E. Bond St.*

14. Remarks, *Forceps delivered*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth A. 5807

1. Sex, (State whether male or female)

Boy

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 21st 1898

4. Place of Birth, (Street and Number)

421- E. Lawrence St

5. Full Name of Mother,

Kenneth A. Baer

6. Mother's Maiden Name,

Schultz

7. Mother's Birthplace,

Boak

8. Full Name of Father,

James H. Baer

9. Father's Occupation,

Barman

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return.

J. H. Quinn M.D.

Address,

2100- Mying Lane N.W.

Remarks,

any such person who shall fail to file this return shall be liable to a fine of ten dollars for each failure to file such return, and such fine shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *Δ* *5852*
Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *September 21st 1888*
4. Place of Birth (Street and Number), *No 682 Corbett St*
5. Full Name of Mother, *Bell Bond*
6. Mother's Maiden Name, *Kelly*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Cornelius Bond*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Ellicott City Md*
Name of Medical Attendant, *Amelia Johnson*
or other person who marks this Return.
Address, *No 1024 Park Ave*
Remarks,

GIVEN NAME ADDED 1-13-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martha Emma Kaiser
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 5563

Sex. (State whether male or female)

Female.

2. Race or color, (if not of the white race)

white.

2. *Date of Birth,*

September of 1st, 1888

4. *Place of Birth, (Street and Number)*

813. Hanover Str.

5. Full Name of Mother,

Minna Kaiser.

6. *Mother's Maiden Name,*

Minnie Gottlieb

7. *Mother's Birthplace,*

Germany

8. *Full Name of Father,*

Henry Kaiser

9. *Father's Occupation,*

Barks

19. *Father's Birthplace,*

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Boisen.

Address.

927. South: Library. Str

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24 A 5867
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 15, 1888
4. Place of Birth, (Street and Number) 210 W. Conway St
5. Full Name of Mother Emma J. Turner
6. Mother's Maiden Name Emma J. Griffith
7. Mother's Birthplace Maryland
8. Full Name of Father Maryland
9. Father's Occupation Merchant
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley, M.D.
- Address 724 N. Leary St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offender, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.0

A. 5855

1. Sex, (State whether male or female)

female.
white.

2. Race or color, (if not of the white race)

3. Date of Birth,

1024

Gutmans Alley. 11/1

4. Place of Birth, (Street and Number)

September of 5.

5. Full Name of Mother,

Kate Meyer.

6. Mother's Maiden Name,

Kate Millich.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Fred Meyer.

9. Father's Occupation,

Paistor.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

A. August. Rosen.

Address,

927 South Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten per cent. for each offense, and other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

5856

2. Sex, (State whether male or female)

female

3. Race or color, (if not of the white race)

white

4. Date of Birth,

September of 7.

5. Place of Birth, (Street and Number)

924 South Litchfield St.

6. Full Name of Mother,

Pauline Kannevischer.

7. Mother's Maiden Name,

Pauline Wetzl.

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Alfred Kannevischer.

10. Father's Occupation,

Harness Maker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Augusta Boisen

Address,

924 South Litchfield St.

Remarks,

Not to be used for any purpose other than that for which it is issued, and no fee shall be charged for its use. It is to be destroyed to the file of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A-5857

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

7 Sep.

4. Place of Birth, (Street and Number)

1312 E Monument St

5. Full Name of Mother,

Elizabeth Ruffold

6. Mother's Maiden Name,

" Rodgers

7. Mother's Birthplace,

England

8. Full Name of Father,

Thomas H Ruffold

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Brown

Address,

946 N Gay St

Remarks,

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Name: Samuel Robert Cox 3. I. A 5858
1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (State whether male or female) male
3. Race or color, (if not of the white race) white
4. Date of Birth, September of 8.
5. Place of Birth, (Street and Number) 2037 Hanover St.
6. Full Name of Mother, Carrie (Caroline) Cobb Cox
7. Mother's Maiden Name, (Caroline) Shwartz
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Samuel Cobb Cox
10. Father's Occupation, Glass Blower
11. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, Augusta Berien
- Address, 997 South Liberty St.
- Remarks,

Health Department
Rejected to the fine of ten (10) dollars for each offence, or to the imprisonment for each offence, or to both, at the discretion of the Health Department.

ced to the fine of ten (10) dollars for each offense. All fees transferred on other fines and features are recoverable.

ced to the fine of ten (10) dollars for each offense. All fees transferred on other fines and features are recoverable.

- 6.2 35859

Female.

white

September of 8.

227! Little Hamburg Str.

Margaretha Heide

Margaretha Lulbner.

Germany

John Ann. Lutz

Taylor.

Germany

Auguste Böhm

917 South: Library. An

88. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

A 5860

1. Sex, (State whether male or female).

female

2. Race or color, (if not of the white race).

white

3. Date of Birth,

1886

September of 9.

4. Place of Birth, (Street and Number)

Libany, Str

5. Full Name of Mother,

Klara Döt

6. Mother's Maiden Name,

Klara Marshner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emmerich Döt

9. Father's Occupation,

Tailor

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Bostien

Address,

927 South Libany Str

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. D. 5861

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September of 10.

4. Place of Birth, (Street and Number)

1011

Charles St.

5. Full Name of Mother,

Louise Karr

Mother's Maiden Name,

Louise Bertram

Mother's Birthplace,

Germany

8. Full Name of Father,

Ludwig Karr

9. Father's Occupation,

Mechaniker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Augusto Besen

Address,

927 South Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First - 5862*

1. Sex, (State whether male or female) *Female.*

2. Race or color, (if not of the white race) *colored.*

3. Date of Birth, *September 10th. 8.30 AM.*

4. Place of Birth. (Street and Number) *1021 S. Euter St.*

5. Full Name of Mother, *Fanny Reid.*

6. Mother's Maiden Name, *J. Ward.*

7. Mother's Birthplace, *Eastern Shore Va.*

8. Full Name of Father, *Levin Reid.*

9. Father's Occupation, *Suffock Va. - Fence Painter*

10. Father's Birthplace, *VA*

Name of Medical Attendant, or other person who makes this Return. *Ernest J. Harris M.D.*

Address, *1444 Harbor Ave.*

Remarks, *Presentation. Vaginal Position. L.O.A.*
Placenta marginalis

NOTE: Each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 5863
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 10 1888
4. Place of Birth, (Street and Number) 211 W. Conway St
5. Full Name of Mother Louisa G. Schanze
6. Mother's Maiden Name Louisa G. Meisnerdt
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father George G. Schanze
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City, Maryland
- Name of Medical Attendant, or other Person who makes this Return. Dr. Miles, M.D.
- Address 724 Conway St.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. 0864*
2. Sex, (State whether male or female) *Male*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *10 of Sep. 1888*
5. Place of Birth, (Street and Number) *1717 Gay St.*
6. Full Name of Mother, *Williamina Thomas*
7. Mother's Maiden Name, *Angel*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Edward Thomas*
10. Father's Occupation, *House Painter*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Bathesda Munch*
- Address, *800 Leadenhall St.*
- Remarks,

any such person or persons who shall hereafter find in compliance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offender who be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Name of Child: Reuben H. Tall* : 1st *A 5865*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *16th Sept 1888*

4. Place of Birth, (Street and Number) *1101 Johnson St*

5. Full Name of Mother, *Virginia Tall*

6. Mother's Maiden Name, *Hornen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Reuben Tall*

9. Father's Occupation, *Carpenter*

Father's Birthplace, *Madison Dorchester Co Md*

Name of Medical Attendant, or other person who makes this Return *Elizabeth Jewell*

Address, *516 Fort Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 5865
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race)
3. Date of Birth, *11 ~~October~~ September*
4. Place of Birth, (Street and Number) *102 West St*
5. Full Name of Mother, *Birtha Reiche*
6. Mother's Maiden Name, *Birtha Debus*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Reiche*
- Father's Occupation, *Box Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Catharina Plunck*
- Address, *500 Sea View Hall St*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this Act and who shall be convicted of the same shall be liable to a fine of ten dollars for each offense and the costs of the proceedings to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A 05867*
2. Sex, (State whether male or female) *Male*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *September 11th*
5. Place of Birth, (Street and Number) *South Charles St. No 711*
6. Full Name of Mother, *Emma Augusta Jaeger*
7. Mother's Maiden Name, *Jones*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Louis Jaeger*
10. Father's Occupation, *Carriester*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Arthur H. Hensch*
- Address, *500 Stadenhill St*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1 to A 5868*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sep 11 th*

4. Place of Birth, (Street and Number) *1303 Washington av*
Elizbeth. A. Delker

5. Full Name of Mother, *Elizbeth. A. Delker*

6. Mother's Maiden Name, *Easter*

7. Mother's Birthplace, *Baltimore. Md*

8. Full Name of Father, *Charles. M. Delker.*

9. Father's Occupation, *Car. Driving*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Bangs*

Address, *711 Cross St*

Remarks,

Printed to the line of ten for stationers for each volume. To be reduced as other lines and fortifications are required.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten (10) dollars for each offense, for the non-payment of which fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 D. A 5864

2. Sex, (state whether male or female)

male

3. Race or color, (if not of the white race)

white

4. Date of Birth,

September 11.

5. Place of Birth, (Street and Number)

225 Erenald St.

6. Full Name of Mother,

Josephine Kaufman

7. Mother's Maiden Name,

Josephine Berger

8. Mother's Birthplace,

Pennsylvania

9. Full Name of Father,

Ernst Kaufman

10. Father's Occupation,

Iron: Cutter

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Borten

Address,

927 South Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the file of ten (10) dollars for each offence, to be recovered as a civil debt, and forfeitures are recoverable.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. D. 2. 5870
 2. Sex, (State whether male or female) male.
 3. Race or color, (if not of the white race) white.
 4. Date of Birth, September of 12.
 5. Place of Birth, (Street and Number) 1104 Bietch Alley.
 6. Full Name of Mother, Barbara Eisel.
 7. Mother's Maiden Name, Barbara Bohnlein.
 8. Mother's Birthplace, Baltimore.
 9. Full Name of Father, Dietrich Eisel.
 10. Father's Occupation, Physician.
 11. Father's Birthplace, Germany.
 Name of Medical Attendant, or other person who makes this Return, Auguste Bohnlein.
 Address, 927 South. Cherry St.
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child *George Almaye Ryle*
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A 887*

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

White
12th September 1888

1201st Light Street
Elizabeth Black

Elizabeth Schneider

City
August Black
Baker

City

Arthur A. March
800 Leadenhall St.

any such person or persons who shall hereafter fail to comply with the provisions of the above act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First* 6892

Sex. (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth. *Sept 12th 1888*

4. Place of Birth, (Street and Number) *1718 Latrobe, St*

5. Full Name of Mother, *Annie A. Welling*

6. Mother's Maiden Name, *Annie A. Welling*

7. Mother's Birthplace, *Carol. County. Md*

8. Full Name of Father, *Randolph R. Rusk*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return.

James Logie. M.D

Address. *1729 Guilford Avenue*

Remarks, *The parties in this report are not married, the father resides at 1737 Harford Ave.*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other and said forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child 5873*

Sex, (State whether male or female) *Female*

Race or color, (if not of the white race) *Colored*

Date of Birth, *12 of September*

Place of Birth, (Street and Number) *Balto. 6762, Chestnut Alley*

Full Name of Mother, *Mary J. Gray*

Mother's Maiden Name, *Stanton, Virginia*

Mother's Birthplace, *Robert Wright*

Full Name of Father, *Farmer*

Father's Occupation, *Essex County Virginia*

Father's Birthplace, *Celestial*

Name of Medical Attendant, or other person who makes this Return, *1008 Shields Alley*

Address,

Remarks,

Any such person or persons who shall interfere with or comply with the provisions of this act, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third **A** 5874

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sep 12 - 88

4. Place of Birth, (Street and Number)

1826 E. Madison St

5. Full Name of Mother,

Amelia H. Remback

6. Mother's Maiden Name,

" " Alfie

7. Mother's Birthplace,

South Carolina

8. Full Name of Father,

Henry Remback

9. Father's Occupation,

Carpenter

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary W. Allwell

Address,

912 W. Donogh St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

5875

Sex, (State whether male or female)

Male

Race or color, (if not of the white race)

Date of Birth,

12th September 1888

Place of Birth, (Street and Number)

21321 Warren Ave

Full Name of Mother,

Florence Winchester

Mother's Maiden Name,

Hoffman

Mother's Birthplace,

Baltimore Co

Full Name of Father,

Charles Winchester

Father's Occupation,

Engineer

Father's Birthplace,

Warren Pa

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Jewell

Address,

516 Kent Ave

Remarks,

any such person or persons who supply with the provisions of this section shall be subjected to the fine of ten (10) dollars, per centum, for each child so registered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A. 5876*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *Sep 19th*

Place of Birth, (Street and Number) *20 Belair Ave*

Full Name of Mother, *Catherine Brauer*

Mother's Maiden Name, *" Alfner*

Mother's Birthplace, *Balto*

Full Name of Father, *Henry Brauer*

Father's Occupation, *Butcher.*

Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Gromy*

Address, *940 N Gay St*

Remarks,

jected to the fine of ten (10) dollars for each offense, and a returned on other lines and notations are receivable.

any such person or persons who shall be liable for the same, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 3877
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Sep 13 - 88

4. Place of Birth, (Street and Number)

911 N. Ann St

5. Full Name of Mother,

Ladie E. Clark

6. Mother's Maiden Name,

" " Parmer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John H. Clark

9. Father's Occupation,

Tinner

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this return.

Mrs Mary A. Allard

Address,

912 N. Lough St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 5878

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept. 13 1888

4. Place of Birth (Street and Number),

106 Scott St.

5. Full Name of Mother,

Virginia N. Daby

6. Mother's Maiden Name,

" Cwalt.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John A. Daby.

9. Father's Occupation,

Plumber & Gas-fitter.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other person who makes this Return.

N. C. Knapp M.D.

Address,

513 Scott St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

The 7th A. 2879

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 14, 1888

4. Place of Birth, (Street and Number)

1214 Cross Street

5. Full Name of Mother,

Louise Susanna Schwickart

6. Mother's Maiden Name,

Bunge

7. Mother's Birthplace,

Prangau (Germany)

8. Full Name of Father,

Carl Joseph Schwickart

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Berlin (Germany)

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bunge

Address,

711 Cross Street

Remarks,

jected to the line of text and not to the right of the line of text.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A-5883

Sex, (state whether male or female)

Female

Race or color, (if not of the white race)

White

Date of Birth,

Sep 14th

Place of Birth, (Street and Number)

1230 Bequith St

Full Name of Mother,

Elizabeth Bodge

Mother's Maiden Name,

Boelterbach

Mother's Birthplace,

Balto

Full Name of Father,

Henry Bodge

Father's Occupation,

Wood Finisher

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Groome

Address,

940 N Gay St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *5881*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *15th Sep*

4. Place of Birth, (Street and Number) *1024 Sharp Street*

5. Full Name of Mother, *Louise Henschler*

6. Mother's Maiden Name, *Louise Stibel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry C. Henschler*

9. Father's Occupation, *in eval. Business*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Miss Murch*

Address, *800 Frederick St*

Remarks,

any and every person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. D. 2. A 5882

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September of 15.

4. Place of Birth. (Street and Number)

1213. Cutaw. St.

5. Full Name of Mother,

Da Smith.

6. Mother's Maiden Name,

Da Burnham.

7. Mother's Birthplace,

England

8. Full Name of Father,

William Smith.

9. Father's Occupation,

Machinist.

10. Father's Birthplace,

Virginia.

Name of Medical Attendant, or other person who makes this Return.

Augusto Berrien

Address,

927 South. Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

5883

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

September 16

4. Place of Birth (Street and Number),

#1234 W. Cross St.

5. Full Name of Mother,

Henrietta Schultz

6. Mother's Maiden Name,

Stein

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Walter Schultz

9. Father's Occupation,

Seiler

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other person who makes this Return.

Dr. J. M. Allen

Address,

W. Cor. Columbia & Mount Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Δ 5884

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 16, 1888

4. Place of Birth, (Street and Number)

142 Devin Avenue East

5. Full Name of Mother,

Catharine Poppler

6. Mother's Maiden Name,

Kodman

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Augustus Poppler

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Balt. City

Name of Medical Attendant,

or other person who makes this Return.

Martin Brown M.D.

Address,

1106 N. Calhoun Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 588011
11

1. Sex (state whether male or female),

Female
White

2. Race or Color (if nat of the white race),

3. Date of Birth,

16th of September

4. Place of Birth (Street and Number),

300 South Pulaski St

5. Full Name of Mother,

Bersa Holzwig

6. Mother's Maiden Name,

Bersa Joseph

7. Mother's Birthplace,

Russian Pole

8. Full Name of Father,

Carl Holzwig

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Russian Pole

Name of Medical Attendant, or other person who makes this Return

Friederick Bauer Midwife

Address, No 2114 West Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female),

Female
White

2. Race or Color (if not of the white race),

3. Date of Birth,

16th of September

4. Place of Birth (Street and Number),

No 90

Garrison Lane

5. Full Name of Mother,

Malle Karl

6. Mother's Maiden Name,

Malle M. Gusty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friedrich Karl

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Friederike Keuler midwife

Address, 2116 West Pratt St.,

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 5887

2. Sex (state whether male or female)

3. Race or Color, (if not of the white race)

White

4. Date of Birth

2 September 17th 1888

5. Place of Birth, (Street and Number)

2126 Cambridge St.

6. Full Name of Mother

Harriet Jane Thron

7. Mother's Maiden Name

Harriet Jane Wright

8. Mother's Birthplace

Baltimore City

9. Full Name of Father

William James Thron

10. Father's Occupation

Clerk

11. Father's Birthplace

Baltimore City

12. Name of Medical Attendant, or other Person who makes this Return.

Richard L. Lathrop

Address

700 St. Broadway

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 5888*

Sex, (state whether male or female) *Female*

Race or color, (if not of the white race) *White*

Date of Birth, *17th Sep.*

Place of Birth, (Street and Number) *950 Harford Ave*

Full Name of Mother, *Mary E Phillips*

Mother's Maiden Name, *us Schuonker*

Mother's Birthplace, *Balto*

Full Name of Father, *Charles W. Phillips*

Father's Occupation, *Carpenter*

Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Young*

Address, *1401 Gay St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 5889

1. Sex, (State whether male or female)

female
white

2. Race or color, (if not of the white race)

3. Date of Birth,

September of 1889

4. Place of Birth, (Street and Number)

441. Biddle St.

5. Full Name of Mother,

Mary Bunge

6. Mother's Maiden Name,

Mary Bieppel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johann Bunge

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Brien

Address,

927. North Liberty St.

Remarks,

THIS CARD IS TO BE RETURNED TO THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, WITHIN TEN DAYS OF THE DATE OF THE BIRTH, AND IS NOT TO BE RECOVERED.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 5890

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 18. 1888.

4. Place of Birth, (Street and Number)

318 W. Fayette St.

5. Full Name of Mother, Clara May Waeker

6. Mother's Maiden Name,

Funk

7. Mother's Birthplace,

Hagerstown Md.

8. Full Name of Father,

Levallyn W. Waeker

9. Father's Occupation,

Silver-smith

10. Father's Birthplace,

Delaware

Name of Medical Attendant,

or other person who makes this Return.

Martiny Brewer Md

Address,

1106 W. Calhoun Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d, - 5891

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 18th

4. Place of Birth, (Street and Number)

222 N. Fayette St

5. Full Name of Mother,

Elsie Martin

6. Mother's Maiden Name,

Elsie French

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Martin

9. Father's Occupation,

Sea, Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Finkbeiner

Address,

Are Cathedral St.

Remarks,

RETURN ^{GIVEN NAME ADDED 4-8-58} OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milbert E. Allen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 na 584

1. Sex, (State whether male or female)

There

2. *Race or color, (if not of the white race)*

white

3. *Date of Birth,*

Sept 18th 1887

4. *Place of Birth, (Street and Number)*

1143 *Anticars*

5. *Full Name of Mother.*

Alice, Alice

6. *Mother's Maiden Name,*

alice m. call

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Das ist alles

9. *Father's Occupation,*

Loae Ocean

Father's Birthplace.

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Exec R Graham N. W.

Address,

225 columella only.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered in addition to other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second - A 5893

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

15th September - 88

4. Place of Birth. (Street and Number)

Baltimore Md #240 S. Light St.

5. Full Name of Mother,

Mary E. Hayes.

6. Mother's Maiden Name,

" " Dalton.

7. Mother's Birthplace,

County Wexford Ireland.

8. Full Name of Father,

Lawrence D. Hayes.

9. Father's Occupation,

Refrigerator Business.

Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Dr. J. Charles.

Address,

1829 E. Pratt St.

Remarks,

any such person or persons who shall fail to comply with the provisions of this act, or who shall be convicted of any offense under this act, shall be liable to a fine of ten dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten (10) dollars for each offence to be recovered as either fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A 5894

Sex, (State whether male or female)

Female

Race or color, (if not of the white race)

White

Date of Birth,

September 18th / 1888

Place of Birth, (Street and Number)

McHenry St 1916

Full Name of Mother,

Annie Tyler

Mother's Maiden Name,

Annie Liberny

Mother's Birthplace,

Baltimore County

Full Name of Father,

Rufus Tyler

Father's Occupation,

Engineer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs S Kelley

Address,

N 2022 Williams Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 5895*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 18th 1888*

4. Place of Birth, (Street and Number) *213 Myrtle Ave*

5. Full Name of Mother, *Anna C. Tucker*

6. Mother's Maiden Name, *Anna C. Bunting*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *James J. Tucker*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Miller M.D.
637 Franklin St.

Persons who shall heretofore fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

5896

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 19 1888

4. Place of Birth (Street and Number),

1926 Division St

5. Full Name of Mother,

Maggie Garrett

6. Mother's Maiden Name,

Rixse

7. Mother's Birthplace,

Balton

8. Full Name of Father,

Chas Garrett

9. Father's Occupation,

Milk Dealer

10. Father's Birthplace,

MD

Name of Medical Attendant, or other person who makes this Return.

Chas E Saddle MD

Address,

2100 Sun Hill Ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Hettie Siss*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 5899

Sex, State whether male or female)

Female

2. Race or color, (if not of the white race)

Date of Birth,

19th Sept. 1888

4. Place of Birth, (Street and Number)

Ulinius Cove

5. Full Name of Mother,

Lizzie Martina Siss

6. Mother's Maiden Name,

Gable

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Siss

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Yewell

Address,

516 Fort Ave

Remarks,

THIS IS TO REPORT TO THE BOARD OF HEALTH, BALTIMORE CITY, THAT THE PERSON WHO HAS MADE THIS RETURN HAS BEEN ADVISED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, THAT THE PROVISIONS OF THIS SECTION SHALL BE ENFORCED BY THE BOARD OF HEALTH, BALTIMORE CITY, AND THAT ANY SUCH PERSON OR PERSONS WHO SHALL HEREFTER FAIL TO COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE TO THE BOARD OF HEALTH, BALTIMORE CITY, FOR A FINE OF TEN (10) DOLLARS FOR EACH OFFENSE, AS THE BOARD SHALL DETERMINE, AS OTHER FINES AND FORFEITURES ARE RECOVERABLE.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Blanche Horetta Schultz
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Murd. A. 5898

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sep 19

4. Place of Birth, (Street and Number)

5 W Randall st

5. Full Name of Mother,

Maggie Malinda Schultz

6. Mother's Maiden Name,

Cannon

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Bernard Schultz

9. Father's Occupation,

Locomotive Engineer

10. Father's Birthplace,

Howard Co Md

Name of Medical Attendant, or other person who makes this Return,

Mrs Munch

Address,

810 Leadenhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5- A 1899

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 19th 1888

4. Place of Birth, (Street and Number)

McHenry st 2244

5. Full Name of Mother,

Elizabeth Bosley

6. Mother's Maiden Name,

Elizabeth Phipps

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Bosley

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. S. Kelley

Address,

2022 Wilkins Ave

Remarks,

Printed by the line of ten (10) dollars for each offence, to be recovered as civil fines, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A5700*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Sept 19/88*

4. Place of Birth, (Street and Number) *Nº 2331 Canton Ave*

5. Full Name of Mother, *Amalie Herwig*

6. Mother's Maiden Name, *single*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Sahob Ruthi*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Louise Kraft*

Address, *Nº 4052 Washington St.*

Remarks,

jected to the fine of ten (10) dollars for each certificate to be recovered as, where, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall neglect to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other laws allow, and such fines are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 5701
- Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Sept 11 1881
4. Place of Birth, (Street and Number) 110 Bond st
5. Full Name of Mother, Kate Browne
6. Mother's Maiden Name, Chenard
7. Mother's Birthplace, City
8. Full Name of Father, George Sawyer
9. Father's Occupation, Cooper
10. Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return, Mrs Eliza B. B. B.
- Address, 1111 Bank st
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *5902*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Sept. 19th 1888*
4. Place of Birth, (Street and Number) *402 S. High st.*
5. Full Name of Mother, *Maggie O'Keefe*
6. Mother's Maiden Name.
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William O'Keefe*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mrs C Bernstein*
- Address. *122 S. Exeter st.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

A. 5903

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth 20 Sep 85

4. Place of Birth (Street and Number) 520 Short St

5. Full Name of Mother, Pauline Barth

6. Mother's Maiden Name, Halsapple

7. Mother's Birthplace, Europe

8. Full Name of Father, John Barth

9. Father's Occupation, Taylor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs. Rose Ullig

Address,

1302 Holladay St

Remarks,

any birth record of persons who are not recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

52570

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 20 / 88

4. Place of Birth, (Street and Number)

No 405 E. Castle St.

5. Full Name of Mother,

Thimie Meiser

6. Mother's Maiden Name,

Kramer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Meiser

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 E. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 0725

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) white

3. Date of Birth. 101 Chesnut St 20 Sep.

4. Place of Birth, (Street and Number) 101 Chesnut St.

5. Full Name of Mother, Rose Hobel

6. Mother's Maiden Name. Mann

7. Mother's Birthplace, Balto.

8. Full Name of Father, James Hobel

9. Father's Occupation, Lumber dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Albright

Address,

1302 Hall and St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

A. 5706

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Sept 20th 1888

4. Place of Birth, (Street and Number)

Lying in Hospital 6226 Lombard St.

5. Full Name of Mother,

Lamiet Brooks

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not Known

9. Father's Occupation,

"

"

10. Father's Birthplace,

"

"

Name of Medical Attendant, or other person who makes this Return.

D. E. Heale M.D.

Address,

319 W. Monument St

Remarks,

ected to the fine of \$25 (50 dollars for each offence, to be recovered as other fines and forfeitures are recovered).

ected to the fine of \$25 (50 dollars for each offence, to be recovered as other fines and forfeitures are recovered).

2907

- ected to the fine of \$25 (50 dollars for each offence, to be recovered as other fines and forfeitures are recovered).

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *20.* *3708*
 Sex (state whether male or female), *Male*
 2. Race or Color (if not of the white race), *White*
 3. Date of Birth, *September 2d.*
 4. Place of Birth (Street and Number), *#694 Columbia Ave.*
 5. Full Name of Mother, *Ida Crinkwater*
 6. Mother's Maiden Name, *Ringold*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Charles Crinkwater*
 9. Father's Occupation, *Book Binder*
 10. Father's Birthplace, *Scotland*
 Name of Medical Attendant, or other person who makes this Return, *Wm. H. Elder, M.D.*
 Address, *1 E. Con. Columbia & Monument Aves.*
 Remarks,

Who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

5709

● Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, September 20th 1888

4. Place of Birth (Street and Number), N^o 236 Church st

5. Full Name of Mother, Margaret Manning

6. Mother's Maiden Name, Margaret Wright

7. Mother's Birthplace, Ireland

8. Full Name of Father, Martin Manning

9. Father's Occupation, Laborer

● Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Hornum

Address,

N^o 1517 Byrd st

Remarks,

jected to the fine of ten dollars for each offense, in the case of other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

2d, 3d, &c.) ⁵⁻ Male
 White
 September 20th 1888
 Robert st 536
 Mary E. Burk
 Mary E. Stiner
 Carroll County
 Theodor Burk
 Barber
 Baltimore
 Mrs. S. Kelley
 No 2022 Williams Ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 5711

2. Sex, (State whether male or female)

Female

3. Race or color, (if not of the white race)

white

4. Date of Birth,

Sept 20 1888

5. Place of Birth, (Street and Number)

518 N High st

6. Full Name of Mother,

Ida Lowe

7. Mother's Maiden Name,

Ida Harvey

8. Mother's Birthplace,

Maryland

9. Full Name of Father,

Geo C Lowe

10. Father's Occupation,

Car Conductor

11. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 5712

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Sept 17 1888

4. Place of Birth, (Street and Number) 1576 E. Pratt St.

5. Full Name of Mother, Annie Work

6. Mother's Maiden Name, Shreve

7. Mother's Birthplace, Somerset Co. Md

8. Full Name of Father, Sam F. Work

9. Father's Occupation, Coach-Trimmer

10. Father's Birthplace, Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *5713*
1. Sex, (state whether male or female) *Male*
2. Race, or color, (if not of the white race)
3. Date of Birth, *Sept 21st 1885*
4. Place of Birth, (Street and Number) *238 Cedar Ave. Hampden Arms. Balt*
5. Full Name of Mother, *Matilda G. Miller*
6. Mother's Maiden Name, *Matilda Harwich*
7. Mother's Birthplace, *Carroll Co. Md*
8. Full Name of Father, *William H. Miller*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt Co. Md*
- Name of Medical Attendant, or other person who makes this Return, *Geo. T. Shower M.D.*
- Address, *119 Third Ave. Woodberry Arms. Balt.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *5914*
 Sex, (State whether male or female) *Male*
 Race or color, (if not of the white race) *8*
 Date of Birth, *21 Sept 1888*
 Place of Birth, (Street and Number) *1456 William St*
 Full Name of Mother, *Martha Elliott*
 Mother's Maiden Name, *Lynch*
 Mother's Birthplace, *Baltimore Co*
 Full Name of Father, *William Elliott*
 Father's Occupation, *Laborer*
 Father's Birthplace, *Dorchester Co*
 Name of Medical Attendant, or other person who makes this Return, *Elizabeth Yarnall*
 Address, *516 East Ave*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Δ 5718

(State whether male or female)

Female

Race or color, (if not of the white race)

White

Date of Birth,

SEP 21 1888

Place of Birth, (Street and Number)

Remington Ave. (No number)

Full Name of Mother,

Mary V. Semore

Mother's Maiden Name,

Mary V. ~~Semore~~ Adams

Mother's Birthplace,

Baltimore Md

Full Name of Father,

James E. Semore

Father's Occupation,

Painter

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

R. G. Frank M.D.

Address,

Waverly Road

Remarks,

Missing # A. 5916

RETURN OF A BIRTH :

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) *2nd* *A. 5917*
 2. Sex, (state whether male or female) *Female*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth *Sept 21 88*
 5. Place of Birth, (Street and Number) *224 N. Storer St*
 6. Full Name of Mother, *Kate Mary Shriver*
 7. Mother's Maiden Name, *Kate Allister*
 8. Mother's Birthplace, *MD.*
 9. Full Name of Father, *Wm. E. Shriver*
 10. Father's Occupation, *Miner*
 11. Father's Birthplace, *MD.*
 Name of Medical Attendant, *J. H. Crawford* or other Person who makes this Return
 Address, *538 N. Arlington Ave*
 Remarks, *11 11 11*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5

5918

Female

White

Sept 22

28 W Pratt

Mary Corey

Morr

Ireland

Joseph Corey

Chorist

Ireland

J. H. MacLean

328 N. Arling Ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5-4* *A. 5919*

1. Sex, (state whether male or female) *Female*

2. Race of color, (if not of the white race) *Colored*

3. Date of Birth, *September 12, 1881*

4. Place of Birth, (Street and Number) *1107 E. E. Street*

5. Full Name of Mother, *Augusta Lee*

6. Mother's Maiden Name, *Matthews*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Jessie Lee*

9. Father's Occupation, *porter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Dr. Annie Johnson*

Address, *110 E. E. Street*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Edna May

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

A. 5929
over

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept-22nd

4. Place of Birth, (Street and Number) 1116 Myrtle Ave

5. Full Name of Mother, Mrs - Annie E. Schaefer

6. Mother's Maiden Name, Tauber

7. Mother's Birthplace, Fredrick City

8. Full Name of Father, Mr J. Schaefer

9. Father's Occupation, Undertaker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return.

W. H. Hill M.D.

Address,

1001 Edmondson Ave

Remarks,

MORRIS, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name - Harry Benjamin Frey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -

Δ 5922

1. Sex (state whether Male or Female)

Male -

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 22^d 1888.

4. Place of Birth (Street and Number)

No. 605 - Brune St -

5. Full Name of Mother

Ella L. A. Frey.

6. Mother's Maiden Name

Repples

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Ben. L. Frey

9. Father's Occupation

Tobaccoist

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Imis W. Knight M.D.

Address

414 N. Greene

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No.* of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

2. *Sex.* (State whether male or female) *female*

3. Race or color, (if not of the white race) *White*

4. Date of Birth, *September 22nd 1898*

5. Place of Birth, (Street and Number) *1902 S. Charles Street*

6. Full Name of Mother, *Kathie Moran*

7. Mother's Maiden Name, *Kathie Moran*

8. Mother's Birthplace, *Baltimore, Md.*

9. Full Name of Father, *unknown*

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Ellen A. Anderson

Address, *1434 Palapoco Street*

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as provided in the Act of the General Assembly of the State of Maryland, passed March 27, 1897, and amended March 27, 1898, and March 27, 1899.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 5724

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Sept. 22nd 1888

4. Place of Birth, (Street and Number) 515 Enoch st.

5. Full Name of Mother, Rosa Greensfelder

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Ignatz Greensfelder

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Bernstein

Address, 122 S. Euter st.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 0925

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept 22nd 1888
4. Place of Birth, (Street and Number) 44 Markish Space
5. Full Name of Mother, Sadie Hansman
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Herch Hansman
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein

Address 122 S. Exeter st

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d A 5726

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 22^d 1888

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Martha Jane

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. W. W. W.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child A. 5927

Sex, (state whether male or female)

Girl

2. Race or color, (if not of the white race)

White

3. *Date of Birth,*

Twenty Second September

4. *Place of Birth, (Street and Number)*

Balto, City #21 Cross, st,

5. Full Name of Mother.

Annie Louise Hermine Wille

6. *Mother's Maiden Name.*

1. 1. 1. Greeninger
D. H. C. + M. d.

7. *Mother's Birthplace.*

Balto, City, Md.

8. *Full Name of Father,*

Henry Louis Wille

9. *Father's Occupation,*

Sailor

16 *Father's Birthplace,*

Balto, City, Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bangs

Address,

711 Broad St.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N. Child of Mother, (state whether 1st, 2d, 3d, &c.)

B. 2.

A 5728

1. Sex. (State whether male or female)

Mole

2. Race or color, (if not of the white race)

white

3. *Date of Birth,*

22 of September

4. *Place of Birth, (Street and Number)*

162 West Street, N.Y.C.

5. *Full Name of Mother.*

Meri Fahl

6. *Mother's Maiden Name.*

Meri Vihlenberger

7 *Mother's Birthplace.*

Ballinor West

8. *Full Name of Father.*

Henry Kahl

9. *Father's Occupation.*

18 February

10. *Father's Birthplace.*

Ballinger

Name of Medical Attendant, or other person who makes this Return

or other person who makes this Return. *Augusta Bossien*

Address,

927 South - Sharp Heart

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NO. Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 5724*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *23 of September*

4. Place of Birth, (Street and Number) *1020 Sharp. Street*

5. Full Name of Mother, *Mari Emmer*

6. Mother's Maiden Name, *Mari Koller*

7. Mother's Birthplace, *Bohlin*

8. Full Name of Father, *Emrich Emmer*

9. Father's Occupation, *Leber*

10. Father's Birthplace, *Bohlin*

Name of Medical Attendant, or other person who makes this Return, *Auguste Borien*

Address, *927 South Sharp Str*

Remarks:

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 35730

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, 23 September 1886

4. Place of Birth (Street and Number), 732 Colton Place Baltimore

5. Full Name of Mother, Mrs. Katie McHugh

6. Mother's Maiden Name, Katie Coffey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James McHugh

9. Father's Occupation, Iron Worker

Father's Birthplace, Baltimore

of Medical Attendant, B. Leonard M.D.
or other person who makes this Return.

1724 E. 7 Balt. St.

the Commissioner of Health, in the manner herein provided, and shall be subject to the same penalties and forfeitures as are provided for in the Act of the General Assembly of the State of Maryland, passed at the Session of 1882, Chapter 100, relating to the registration of births and deaths, and to the fine of ten dollars for each offense.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 5431

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 1605 Walker St. Baltimore

Remarks,

shall occur when the mother is under the attendance upon the mother, and the child to report its birth to the Commission, any such person or persons who shall be liable to the fine of ten dollars for each offense, to be recovered as provided by law.

Missing # A 5932

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh 5733
Male

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 23 - 88

4. Place of Birth, (Street and Number)

1915 Chew St

5. Full Name of Mother,

Joseph E. Harris

6. Mother's Maiden Name,

Pentz

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John M. Harris

9. Father's Occupation,

Ship Joiner

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary L. A.

Address,

912 M. Dough

Remarks,

Not to be filled in (no dollars for each often, e. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A 5934

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 23rd 1888

4. Place of Birth, (Street and Number)

Free Lying in Hospital 622 W. Lombard St

5. Full Name of Mother,

Mellie Harwood

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Not Known

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other person who makes this Return.

S. E. Seale M.D.

Address,

319 W. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *A-15728*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sep. 23rd - 1888*

4. Place of Birth, (Street and Number) *843 Remington Ave (Cinner)*

5. Full Name of Mother, *Althea A. Garry*

6. Mother's Maiden Name, *" " Warfield*

7. Mother's Birthplace, *Howard Co. Md.*

8. Full Name of Father, *John G. Garry*

9. Father's Occupation, *Master*

10. Father's Birthplace, *Annapolis Co. Md.*

Name of Medical Attendant, *or other person who makes this Return.* *R. G. Rankin M.D.*

Address, *Waverly Md*

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Elizabeth Moon
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *5736*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *September 23rd 1888*

4. Place of Birth (Street and Number), *N^o 1036 Abey Alley*

5. Full Name of Mother, *Mary Moon*

6. Mother's Maiden Name, *Mary Grant*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Moon*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mathew Hornung*

or other person who makes this Return.

Address, *N^o 1517 Byrd St.*

Remarks, *3-11-54*
L. M.

GIVEN UNDER HAND AND SEAL

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 3737*

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Sept 23^d 1888

4. Place of Birth, (Street and Number)

641 Prime Street

5. Full Name of Mother,

Mary Agnes Haskins

6. Mother's Maiden Name,

Mary Agnes Bonly

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George W. Haskins

9. Father's Occupation,

Porter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this return.

Hester Estence

Address,

308 Prussian St

Remarks,

HEALTH DEPARTMENT
BALTIMORE

any such person or persons who shall be liable to be fined not less than \$100 nor more than \$500, or imprisoned not less than 60 days nor more than 180 days, or both, for each offense, and forfeitures are recoverable in the full amount of the fine or the sum of the fines and forfeitures are recoverable in the full amount of the fine or the sum of the fines and forfeitures.

any such person or persons who is/are subjected to the fine of ten (10) dollars.

3 Child A. 6938.

Male

each officer. In 1947, the number

September 23 / 00

33 Wilkins St.

gemini Boers

" " Karger

Flanore

William Bours

Stone Mason

Sodet Herren Garmstadt.

Samuel Lindner

106 S. B. Monroe Sr.

• CO, CITY P WATER AND STAT, CHES

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A 57.39

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 25th 1881

4. Place of Birth, (Street and Number)

1208 West Pratt Street

5. Full Name of Mother,

Mary A. Spaulding

6. Mother's Maiden Name,

Wendy A. Gibney

7. Mother's Birthplace,

Andover, Ireland

8. Full Name of Father,

John Hawkins

9. Father's Occupation,

Compositor

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Wm. H. H. H.

Address,

23 1st

W. H. H.

Remarks,

any such person as shall be convicted of any offense against the provisions of this Act, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 60 days, or to both such fine and imprisonment, at the discretion of the court.

GIVEN NAME ADDED 3-23-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Bertholdt
of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sixth 5940

1. Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September 23/81

4. Place of Birth, (Street and Number)

855 Woodward St

5. Full Name of Mother,

Lena Bertholdt

6. Mother's Maiden Name,

Schmidgen

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Frederick Bertholdt

9. Father's Occupation,

Iceoler

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Katharina March

Address,

800 Lidenhal St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A. 5941

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 23 / 88

4. Place of Birth, (Street and Number)

No 7. S Stricker

5. Full Name of Mother,

Amin A Godman

6. Mother's Maiden Name,

" " Patterson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James T Godman

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Thomas Opie M.D.

Address,

600 N. Howard St

Remarks,

any and every person who, with intent to defraud, shall knowingly and wilfully make or cause to be made any false or incorrect statement or entry in this Return, or shall knowingly and wilfully omit to state or cause to be stated any material fact, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Thrs -

5742

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White - (German)

3. Date of Birth,

September 23 1888

4. Place of Birth, (Street and Number)

4424 Woodlawn Ave City

5. Full Name of Mother,

Virginia Steide

6. Mother's Maiden Name,

Virginia Weinman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Charles Steide.

9. Father's Occupation,

Engineer.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. J. Marten

Address,

1429 N. Gay Street

Remarks

(Mother dead.)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 5943

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, Sept. 23rd 1888

4. Place of Birth. (Street and Number) Cor. Pratt + Stemmers Al.

5. Full Name of Mother. Mary Jane Welsh

6. Mother's Maiden Name.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Welsh

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Bernstein

Address, 122 S. Exeter St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A. 59411

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 23 - 1898

4. Place of Birth, (Street and Number) 213 N. Main St.

5. Full Name of Mother, Mrs. Mattie E. Hill

6. Mother's Maiden Name, " " Mattie

7. Mother's Birthplace, Ind.

8. Full Name of Father, Harry J. Mattenworth

9. Father's Occupation, Shoe worker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, H. F. Hillman, D.

Address, 1001 Edmondson Ave

Remarks,

for each offered to be recovered as other lines and signatures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 3745

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept. 23rd 1888

4. Place of Birth (Street and Number),

1444 Light St

5. Full Name of Mother,

Dora Gaines

6. Mother's Maiden Name,

Dora Gaines

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

R. O. Gaines

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

B. A. Phillips

Address,

435 W. Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

25940

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 24th 3 PM. 1888

4. Place of Birth, (Street and Number)

106 N Poppleton St

5. Full Name of Mother,

Hattie Blanche Gray

6. Mother's Maiden Name,

Dudrow

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

Robert H. Gray

9. Father's Occupation,

Coffee Roaster

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. W. Webber M.D.

Address,

814 W. Lombard St.

Remarks,

A Natural Labor.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Eighth 5747

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

September 24th 1888

4. Place of Birth, (Street and Number)

806 S. Sharp St

5. Full Name of Mother,

Mamie Ferguson

6. Mother's Maiden Name,

Minnie Doyle

7. Mother's Birthplace,

Balti. Md.

8. Full Name of Father,

James P. Ferguson

9. Father's Occupation,

Passenger Conductor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Auguste Borien.

Address, 937 South Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

8

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Wm.* *5748*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White. American*
Date of Birth, *Sept 24, 1883*
Place of Birth, (Street and Number) *1408 N Bond Street*
Full Name of Mother, *Mary Ella Ringard*
Mother's Maiden Name, *Mary Ella Reister*
Mother's Birthplace, *Georgia - (Savannah)*
Full Name of Father, *George Washington Ringard*
Father's Occupation, *Salesman*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, *J. J. Markert*
or other Person who makes this Return.
Address, *1429 N Gay Street*
Remarks, *(Ans New York nurse)*

RETURN OF A BIRTH 8. 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2838 (Twins) A. 2749*

1. Sex (state whether male or female), *Females*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *September 24th*

4. Place of Birth (Street and Number), *#1131 Cleveland St*

5. Full Name of Mother, *Sida Riggs*

6. Mother's Maiden Name, *Grimes*

7. Mother's Birthplace, *Frederick Co. Md*

8. Full Name of Father, *Oliver Riggs*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return.

Address, *N.E. Cor. Columbia & Tremont Aves.*

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

[Signature]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

54

5900

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

September 24th '88

4. Place of Birth (Street and Number),

611 E. Paca St

5. Full Name of Mother,

Lucy Clark Weare

6. Mother's Maiden Name,

Lucy Clark Myers

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William W. Henry Weare

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Chas. W. Lifford M.D.

Address,

48 E. Montgomery St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A 3751
Female

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race).

3. Date of Birth,

Sep 23 - 88

4. Place of Birth. (Street and Number)

1819 N. Anne St (817)

5. Full Name of Mother,

Ellen E. Smith

6. Mother's Maiden Name,

" " Hazies

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John M. Smith

9. Father's Occupation,

House Scourer

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

Any person who neglects to file this return, or who files a false return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 Child 2 5952*
 2. Sex, (State whether male or female) *female*
 3. Race or color, (if not of the white race) *white*
 4. Date of Birth, *sep. 24. 1888*
 5. Place of Birth, (Street and Number) *no. 424. S. Sparrow St*
 6. Full Name of Mother, *Sara Harrell*
 7. Mother's Maiden Name, *Sara Fiane*
 8. Mother's Birthplace, *Massland*
 9. Full Name of Father, *Ellis Harrell*
 10. Father's Occupation, *Baker*
 11. Father's Birthplace, *Gaunore*
 12. Name of Medical Attendant, or other person who makes this Return, *Mr. Allen*
 13. Address, *800 Lodenhall St*
 14. Remarks,

any and return of persons who fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

20753

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 24th 1888

4. Place of Birth, (Street and Number)

#16 Pullney St

5. Full Name of Mother,

Anna Maria Vaeth

6. Mother's Maiden Name,

" " Bauer

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Frank Leopold Vaeth

9. Father's Occupation,

Cigar-Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Catherine Munch

Address,

820 Locust Hill St.

Remarks,

any such person or persons who shall be convicted of this offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-28-51

GIVEN NAME ADDED 3-28-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary Estella Birschner*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A 6754*
 1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *September 24th 1898*
 4. Place of Birth, (Street and Number) *M. Henry St 197*
 5. Full Name of Mother, *Josephine (Pierce) Birschner*
 6. Mother's Maiden Name, *Josephine (Pierce) Sears*
 7. Mother's Birthplace, *Baltimore County*
 8. Full Name of Father, *Charles (Pierce) Birschner*
 9. Father's Occupation, *Shoe Finisher*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs S. Kelley*
 Address, *No. 2022 Williams St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, ^{GIVEN NAME ADDED 8-24-58} Health, Baltimore City.

Name: *Raymond Geddes* No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *A* *0755*

1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *September 24, 1888*
4. Place of Birth (Street and Number), *#1007 Barre St*
5. Full Name of Mother, *Ida Geddes*
6. Mother's Maiden Name, *Lee*
7. Mother's Birthplace, *Balti. City*
8. Full Name of Father, *William Geddes*
9. Father's Occupation, *Goldsmith*
10. Father's Birthplace, *Balti. City*

Name of Medical Attendant, *Dr. W. C. ...* or other person who makes this Return.

Address, *N.E. Cor. Columbia & Remont Aves.*

Remarks,

for each offense, to be prosecuted as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th A. 5756

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

Sept. 24th, 1888

Place of Birth, (Street and Number)

1010 S. Charles St.

Full Name of Mother,

Lena Garvey

Mother's Maiden Name,

Ward

Mother's Birthplace,

Ireland

Full Name of Father,

James Garvey

Father's Occupation,

Bricklayer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mr. C. R. Lewis

Address,

609 E. Pratt St.

Remarks,

Baltimore

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *1757*
1. Sex (state whether ~~male~~ or female), *Female* *Wilhelmina Rothenbuecher*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Sept. 24*
4. Place of Birth (Street and Number), *1000 Belair Ave*
5. Full Name of Mother, *Minnie (Rothenbuecher) Rothenbuecher*
6. Mother's Maiden Name, *Minnie (Bretner) Bretner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August (Rothenbuecher) Rothenbuecher*
9. Father's Occupation, *Beer Brewer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Bunn*
- Address, *1000 N. E. 1st St., near Belair Ave*
- Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 5757

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 24/88

4. Place of Birth, (Street and Number)

716 McHenry St

5. Full Name of Mother,

Louisa Rose

6. Mother's Maiden Name,

Louisa Scheik

7. Mother's Birthplace,

Dalto

8. Full Name of Father,

Louis Rose

9. Father's Occupation,

Harney Maker

Father's Birthplace,

Dalto

Name of Medical Attendant, or other Person who makes this Return,

Dr. Blum

Address,

641 Columbia Ave.

Remarks,

of parents, & to child, & to be recovered as other lines and for duplicates.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 37 59

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

September 24th 1888

Place of Birth, (Street and Number)

115 W. Lombard str.

Full Name of Mother,

Laura Sigmond

Mother's Maiden Name,

" "

Mother's Birthplace,

Maryland

Full Name of Father,

—

Father's Occupation,

—

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. W. Rudel M.D.

Address,

115 W. Lombard str.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st A. 5760

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept. 24th 1888

4. Place of Birth, (Street and Number)

349 Second St. Ext.

5. Full Name of Mother,

Emma White

6. Mother's Maiden Name,

Emma Owens

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Ed. J. White

9. Father's Occupation,

Wainwright

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. M. Latham M. D.

Address,

4 W. North Ave.

Remarks,

R. O-I Presentation

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, together with the costs of the proceedings, if the return is not made in accordance with the provisions of this Act.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

45376
Male

colored

Sept 25/88

W^c 1806 East Pratt St

Susanna Brown

single

Baltimore

Nikolaus Washington

Laborer

Baltimore

Mrs. Louise Kraft

W^c 405 S. Washington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

576

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

28 September

4. Place of Birth, (Street and Number)

212 Joyce Court

5. Full Name of Mother,

annie hall

6. Mother's Maiden Name,

annie Chambers

7. Mother's Birthplace,

Patmas City

8. Full Name of Father,

Walford Blakey

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Crossfield Maryland

Name of Medical Attendant, or other person who makes the Return

Mary Jane Richardson

Address,

818 King Street

Remarks,

Well as Can Be Expected

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d *Child 576*

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Sept 25/1888*

4. Place of Birth, (Street and Number) *# 816 S. Green Str.*

5. Full Name of Mother, *Eva Itter*

6. Mother's Maiden Name, *Eva. Morak*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Itter*

9. Father's Occupation, *Shin cutter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs Bangl*

Address, *711 Broad St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third 5764*

1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sep 25th 1888*
4. Place of Birth, (Street and Number) *215 Falls road (Hampden)*
5. Full Name of Mother, *Altona Fisher*
6. Mother's Maiden Name, *Altona Porto*
7. Mother's Birthplace, *Waynesboro Pa*
8. Full Name of Father, *Chas H. Fisher*
9. Father's Occupation, *Drumman*
10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other person who makes this Return. *Wm R. Neville M D*

Address, *Woodbury Balto.*

Remarks,

attended for Dr R. G. Rankin who was out of the city

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d A. 5767

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 25th 1884

4. Place of Birth, (Street and Number)

1154 Antietam St

5. Full Name of Mother,

Amelia Sachs

6. Mother's Maiden Name,

Amelia Rheinhardt

7. Mother's Birthplace,

New York

8. Full Name of Father,

Arthur Sachs

9. Father's Occupation,

Tobacco worker

10. Father's Birthplace,

New York

Name of Medical Attendant, or other person who makes this Return.

Chas R. Graham

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 5765

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of Sept 1888

4. Place of Birth, (Street and Number) Baltimore 1821 Light & Bismarck St

5. Full Name of Mother, Louisa Young

6. Mother's Maiden Name, Female

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Young

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Boston

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Donaldson

Address, 214 E Winder St Baltimore

Remarks, Mother and child are doing well.

for each offense to be recovered as other laws and forfeitures are payable, and the person making this return shall be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-5767

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

Sex, (state whether male or female)

Race or color, (if not of the white race)

Colored

Date of Birth,

20th Sept

Place of Birth, (Street and Number)

444 Rose Street

Full Name of Mother,

Josephine Hansen

Mother's Maiden Name,

W. W. West

Mother's Birthplace,

Baltimore City

Full Name of Father,

Gazalar Hansen

Father's Occupation,

Seaman

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Dr. Johnnie Johnson

Address,

710 Myrtle St.

Remarks.

Noted to the line of ten in the column for each child, to be filled in with other facts and particulars as recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *Δ 5768*

Sex, (State whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *25th September*

Place of Birth, (Street and Number) *East Avenue 1406*

Full Name of Mother, *Ida V. Black*

Mother's Maiden Name, *Ida Taylor*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Martin M. Black*

Father's Occupation, *Labourer*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. H. Hall*

Address, *1619 Cedar St*

Remarks, *Baltimore*

Subject to the fine of ten (10) dollars for each offence to be recovered at the law and infirmities are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 5964

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 25 88

4. Place of Birth, (Street and Number)

1169 Irvington St

5. Full Name of Mother,

Barbara J Kent

6. Mother's Maiden Name,

Summell

7. Mother's Birthplace,

Becklinov

8. Full Name of Father,

John A Kent

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

H. Braukhaus

Address,

308 Oakington Ave

Remarks,

lected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

5772

Sex, (state whether male or female)

male

Race or color, (if not of the white race)

Colored

Date of Birth,

September 26th

Place of Birth, (Street and Number)

932 Euter Street

Full Name of Mother,

Mary E Chamberlain

Mother's Maiden Name,

female

Mother's Birthplace,

Baltimore, Contoile, Md

Full Name of Father,

Jilghman E Chamberlain

Father's Occupation,

Waiter

Father's Birthplace,

Contoile Md

Name of Medical Attendant, or other person who makes this Return.

Mrs C. M. Johnson

Address,

110 Lycom St

Remarks,

jected to the fine of ten (10) dollars, or imprisonment not exceeding 30 days, or both, if the birth of this child was not reported to the Registrar of Vital Statistics within the time prescribed by law, and if the birth of this child was not reported to the Registrar of Vital Statistics within the time prescribed by law, and if the birth of this child was not reported to the Registrar of Vital Statistics within the time prescribed by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. ~~Race~~ or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

65 Mother's Maiden Name.

51. *Mother's Birthplace,*

8. *Full Name of Father,*

9 *Father's Occupation,*

1. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Special

Calover

Sept 26. '88

115 Paris St

Annex Meyer

Anna Meyer

Maryland

George Johnson

Latona

May 1883.

James Woodland
Midwife

recovered to the one of ten dollars for each offense. In a response of \$1,000,000, and forfeitures are recoverable.

TEXT, TABLES, AND STATISTICS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 5774*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Sept 26 1898*

4. Place of Birth (Street and Number), *819 N. Fremont*

5. Full Name of Mother, *Kate Brice*

6. Mother's Maiden Name, *Haney*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Brice*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, *Chas E Sadler M.D.*
or other person who makes this Return.

Address, *2106 Druid Hill Ave*

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not to be destroyed. This certificate, when properly filled out, is a valuable record, and its preservation is of great importance. It is to be preserved in the office of the Registrar of Vital Statistics, and its return to the office of the Registrar of Vital Statistics is required.

DEPARTMENT OF HEALTH
BALTIMORE CITY

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *three* *A 5975*
 2. Sex, (State whether male or female) *female*
 3. Race or color, (if not of the white race) *white*
 4. Date of Birth, *26th day of September* *1888*
 5. Place of Birth, (Street and Number) *No 88 Piece Street*
 6. Full Name of Mother, *Amelia Waxman*
 7. Mother's Maiden Name, *Amelia Shunk*
 8. Mother's Birthplace, *Baltimore Md City*
 9. Full Name of Father, *William Waxman*
 10. Father's Occupation, *Shoe Maker*
 11. Father's Birthplace, *Baltimore Md City*
 Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
 Address, *23 W Poppleton St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 5776*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sept 26th - 88*
4. Place of Birth, (Street and Number) *1413 Hanover St.*
5. Full Name of Mother, *Magareth Mary Hoppe*
6. Mother's Maiden Name, *Lutlig*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frederick J. Hoppe*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Balthasar Muecke*
- Address, *800 Leadenhall St*
- Remarks,

Jeeted to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

25977
2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

26th of September

4. Place of Birth (Street and Number),

2021

Frederick Ave.

5. Full Name of Mother,

Mary Bairston

6. Mother's Maiden Name,

Krahe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wille Bairston

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

11. Name of Medical Attendant, or other person who makes this Return.

Frederick Kraus Midwife

Address,

2116 West Pratt St

Remarks,

For each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5978

Sex, (state whether male or female).

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 26th 1888.

4. Place of Birth, (Street and Number)

No. 519 N. Castle St.

5. Full Name of Mother,

Ella Berry,

6. Mother's Maiden Name,

Ella Toll

7. Mother's Birthplace,

Pennsylvania,

8. Full Name of Father,

Edward J. Berry

9. Father's Occupation,

Silver Finisher

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

J. Ridgway Andre' M.D.

Address,

1123 E. Balto. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 5771
 1. Sex, (state whether male or female) Female
 2. Race or color, (if not of the white race)
 3. Date of Birth, 26th. of September
 4. Place of Birth, (Street and Number) 1214 Bough St.
 5. Full Name of Mother, Chas. Daechner
 6. Mother's Maiden Name, Anscht.
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Wm. Haschner
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other person who makes this return, Sarah Casper
 Address, 1022 Grand St.
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

A. 5788

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Monday, September 27

4. Place of Birth, (Street and Number)

906 Clifford St.

5. Full Name of Mother,

Julia K. Hill

6. Mother's Maiden Name,

Julia Greene

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

J. K. Hill

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Wm. C. Hill

Address,

413 S. Duffield St.

Remarks,

RECEIVED BY THE BOARD OF HEALTH, BALTIMORE CITY, SEPTEMBER 27, 1900. ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED AND IS BEING RELEASED AS OTHER RECORDS AND DOCUMENTS ARE RECOVERABLE.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. A. 5981

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

26th. of September
17 Front St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Rosa Nicholson

6. Mother's Maiden Name,

Mc Cluskie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos. Nicholson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Twenty St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1st 5782*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *September 26th 1888*

Place of Birth, (Street and Number) *No. 2030 E. Fayette St*

Full Name of Mother, *Mrs. Laura Coble Conner*

Mother's Maiden Name, *Mrs. Laura C. Mainster*

Mother's Birthplace, *Baltimore, Md*

Full Name of Father, *Mr. William Allen Conner*

Father's Occupation, *Printer*

Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return, *Dr. C. C. Gindoff, Md*

Address, *No. 700 East Fayette Cor. Broadway*

Remarks,

for each offence to be recovered as other fines and costs are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd A 5783

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 26th

4. Place of Birth, (Street and Number) 828 George St.

5. Full Name of Mother, Mrs. Katie Goewiler

6. Mother's Maiden Name, Katie Zell

7. Mother's Birthplace, City

8. Full Name of Father, Boas M. Goewiler

9. Father's Occupation, Lime burner

Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 1001 E. Madison Ave.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- A.** Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 **A.** 5984
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, 26 September
4. Place of Birth, (Street and Number) 124 Locust West Street
5. Full Name of Mother, Mary Linthofer
6. Mother's Maiden Name, Mary Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodor Linthofer
9. Father's Occupation, Lebrer
10. Father's Birthplace, Brooklyn New York
- Name of Medical Attendant, Auguste Borison
or other person who makes this Return.
- Address, 927 Locust Street
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st A. 5986*
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *16 September*
3. Date of Birth, *1890*
4. Place of Birth, (Street and Number) *1240 E. Leager street*
5. Full Name of Mother, *Harry Carole P. Tholman*
6. Mother's Maiden Name, *Tholman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Th. Tholman Tholman*
9. Father's Occupation, *Captain*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Tholman*
- Address, *1240 E. Leager street*
- Remarks, *1890*

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2-5788

2. Sex, (state whether male or female)

Male

3. Race or color, (if not of the white race)

4. Date of Birth,

Sept 26 1888

5. Place of Birth, (Street and Number)

1116 S. Eden St.

6. Full Name of Mother,

Lora Reisenweaver

7. Mother's Maiden Name,

Somerwerk

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Henry Reisenweaver

10. Father's Occupation,

Plumber

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

Printed at the City of Baltimore, for each office, to be returned in this form, and for each office, to be returned in this form, and for each office, to be returned in this form.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 3rd 5787
1. Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (State whether male or female) Female
3. Race or color, (if not of the white race) White
4. Date of Birth, Sep 26th 1888
5. Place of Birth, (Street and Number) 304-11th Street Annex.
6. Full Name of Mother, Susie E. Green
7. Mother's Maiden Name, Clark
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Frank D. Green
10. Father's Occupation, Plumber & Gas fitter
11. Father's Birthplace, Baltimore Co. and
- Name of Medical Attendant, or other person who makes this Return, R G Rankin M.D.
- Address, Haverly md. (Annex)
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4^A 5788

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 26/88

4. Place of Birth, (Street and Number)

N^o 2128 Canton Ave

5. Full Name of Mother,

Barbara Fressel

6. Mother's Maiden Name,

Deitz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Fressel

9. Father's Occupation,

Blackschmidt

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, (or other person who makes this Return)

Mrs. Louise Kraft

Address,

N^o 405 S. Washington Ave

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 5789

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race). White

3. Date of Birth, Sept 26th 88

4. Place of Birth, (Street and Number) 1815 N. Lombard St.

5. Full Name of Mother, Sollie Rebecca Burkman

6. Mother's Maiden Name, Sollie " " Heide

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, Charles Edward Burkman

9. Father's Occupation, Conductor

Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No. 106 S. Monroe St.

Remarks,

Noted to the fine of ten (10) dollars for each offence, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

63790

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 27

4. Place of Birth, (Street and Number)

No 306 S. Eden St.

5. Full Name of Mother,

Minnie Terschheid
Rosenthal

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Terschheid

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A. 5991
First Child

Sex. (State whether male or female).

Little girl

2. Race or color (if not of the white race).

White race

3. Date of Birth,

27th of September 1888

4. Place of Birth, (Street and Number)

No 2 Hollins street

5. Full Name of Mother,

Mrs. Whom

6. Mother's Maiden Name,

Miss Pauline Larnouchi

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. Henry Whom

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 West Pratt st

Remarks,

any and every person who shall refuse to be recovered as other fines and forfeitures are recoverable
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *A* *5992*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Sep 27 1888*

4. Place of Birth, (Street and Number) *2010 President ally.*

5. Full Name of Mother, *Maggie Westtburg*

6. Mother's Maiden Name, *Schlagle*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Enoch Westtburg*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Eliza Betz*

Address, *1744 Burch St.*

Remarks,

jected to the fine of ten (10) dollars for each copy, if not recovered, if any and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child 5793

Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

27 September 1888

4. Place of Birth, (Street and Number)

No 848 Frederick ave

5. Full Name of Mother,

Mrs Kate Mauerberger

6. Mother's Maiden Name,

Mrs " Werner

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr Charles Mauerberger

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Heiler

Address,

2727 West Pratt st

Remarks,

Printed to the fine of ten (10) dollars for each offense to neglect to file as other lines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. 5994
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth Sept. 27th
4. Place of Birth, (Street and Number) 512. West. st
5. Full Name of Mother, Mary Gertrude Robinson
6. Mother's Maiden Name, Mary " Chase.
7. Mother's Birthplace, Calvert county
8. Full Name of Father, Geo. Washington Robinson
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, Dorcus Jane Simms
or other Person who makes this Return.
- Address, 535 West st
- Remarks,

for each offence to be recovered as other laws and regulations may require.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

C

A 5995

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 27 - 1895

4. Place of Birth, (Street and Number)

210 E. Lombert St.

5. Full Name of Mother,

Martha Schultz
Wehmann

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Schultz

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

3996

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 27 1888

4. Place of Birth (Street and Number),

1716 Preston St

5. Full Name of Mother,

Laura Brittain

6. Mother's Maiden Name,

Snyder

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edward Brittain

9. Father's Occupation,

R.R. Employee

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Chas E. Hadden M.D.

Address,

2100 Mount Hill Ave

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child A. 5797*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *27 Sept. 1888,*
4. Place of Birth, (Street and Number) *1022 Sharpstreet*
5. Full Name of Mother, *Marie Pfeifer*
6. Mother's Maiden Name, *Marie Schmidt*
7. Mother's Birthplace, *Germania*
8. Full Name of Father, *Max Bruno Pfeifer*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germania*
11. Name of Medical Attendant, or other person who makes this Return. *Auguste Rosien*
12. Address, *1022 Sharpstreet*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

5798

2. Sex, (state whether male or female)

Male

3. Race or color, (if not of the white race)

White

4. Date of Birth,

Sept. 27th 1888.

5. Place of Birth, (Street and Number)

711 N. Fulton Ave.

6. Full Name of Mother,

Emily A. Shriner

7. Mother's Maiden Name,

Brown

8. Mother's Birthplace,

Cheshire, N. York.

9. Full Name of Father,

Edw. C. Shriner

10. Father's Occupation,

Merchant

11. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

W. Christian M.D.

Address,

1821 Madison Ave.

Remarks,

RECEIVED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, SEPTEMBER 27, 1888.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *two* *A. 5979*

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *September 27*

4. Place of Birth, (Street and Number) *1163 Washington av*

5. Full Name of Mother, *Annie Callbright*

6. Mother's Maiden Name, *Annie Orendorf*

7. Mother's Birthplace, *72 York St. Baltore Md.*

8. Full Name of Father, *Jose Callbright*

9. Father's Occupation, *iron working*

10. Father's Birthplace, *731 Baltimore av*

Name of Medical Attendant, or other person who makes this Return, *Mrs Bange Balto. Md.*

Address, *711 Carroll St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one* *6000*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *Colored*
Date of Birth. *September 27 1888*
Place of Birth. (Street and Number) *803 Madison St*
Full Name of Mother, *Alice T Jones*
Mother's Maiden Name, *Alice T Garnett*
Mother's Birthplace, *Petersburg Va*
Full Name of Father, *Oliver Jones*
Father's Occupation, *Laborer*
Father's Birthplace, *Prince George Co Va*
Name of Medical Attendant, or other Person who makes this Return *Elizabeth Taylor*
Address, *803 Madison St*
Remarks, *Baltimore Md*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) *First Born*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Sept 27th 1888*
4. Place of Birth (Street and Number), *1263 Johnson St*
5. Full Name of Mother, *Alice Reilly*
6. Mother's Maiden Name, *Alice Brewer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Reilly*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *R. F. Phillips M.D.*
Address, *735 W. Lombard St.*
Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BIRTH DEPARTMENT

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second A 6052

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 27 1888

4. Place of Birth, (Street and Number) Cor Johnston St & Fort Ave

5. Full Name of Mother Matilda Schindt

6. Mother's Maiden Name Matilda Engelhardt

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Robert Schindt

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore City, Md

Name of Medical Attendant, or other Person who makes this return. J. R. Shiley M.D.

Address 724 N. Leary St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A 6003

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth.

Sept 27 / 08

4. Place of Birth, (Street and Number)

1708 Ewing St

5. Full Name of Mother.

Lizzie Sparrow

6. Mother's Maiden Name.

Lizzie Johnson

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Thos Sparrow

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return.

Jane Woodless

Address.

Remarks,

GIVEN NAME ADDED.
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

7

A 6004

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

Date of Birth.

Sept 27/88

4. Place of Birth, (Street and Number)

706 Second St

5. Full Name of Mother.

Lizzie Sherman

6. Mother's Maiden Name.

Lizzie Johnson

7. Mother's Birthplace.

Ind

Full Name of Father.

Robert Sparrow

8. Father's Occupation.

Laborer

10. Father's Birthplace.

Ind

Name of Medical Attendant, or other person who makes this Return.

John Woodland

Address,

Remarks.

DEPARTMENT OF HEALTH
BALTIMORE
SEP 28 1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

6005

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept. 27, 1888.

4. Place of Birth, (Street and Number)

307 W. Hoffman

5. Full Name of Mother,

Catherine J. Smith

6. Mother's Maiden Name,

McGowan

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Joseph A. Smith

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

J. H. Hamilton M.D.

Address,

1521 Madison Ave.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child 5000
Female

2. Sex, (state whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth,

Sept 27 1888

5. Place of Birth, (Street and Number)

1313 Catapsico st.

6. Full Name of Mother,

Maria Ambach

7. Mother's Maiden Name,

Weigle

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Adolph Ambach

Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser. Midwife.
1032 Hanover st.

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

5007

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept-27th 1898

4. Place of Birth (Street and Number)

208 S. Ann St, Baltimore, Md.

5. Full Name of Mother

Lida Belle Baker.

6. Father's Maiden Name

Lida Belle Despeaux.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

Edward Washington Baker.

9. Father's Occupation

Printer.

10. Father's Birthplace

Baltimore City.

Name of Medical ~~Attendant~~, or other Person who makes this Return.

J. M. Cockill, M.D.
26 S. Broadway.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13*
 Sex (state whether male or female), *male*
 Race or Color (if not of the white race), *White*
 Date of Birth, *Sept 27*
 Place of Birth (Street and Number), *Light Street - 6214*
 Full Name of Mother, *Mary Ann Thimbleback*
 Mother's Maiden Name,
 Mother's Birthplace, *Baltimore City*
 Full Name of Father, *Henry Single*
 Father's Occupation, *Police officer*
 Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Ann Taylor*
 Address, *41 Guilford alley*
 Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 15. Sep. 1888

4. Place of Birth, (Street and Number) 2008 of Chapple at A. 609

5. Full Name of Mother, Barbara Poop

6. Mother's Maiden Name, " " Wick

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Wm. Poop

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hapish

Address, 207 of Washington at

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

46010

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Sept 28 - 1888

4. Place of Birth, (Street and Number)

Wellwood off #44. 11

5. Full Name of Mother,

Ida Regina Smith

6. Mother's Maiden Name,

Ida L. Humesley

7. Mother's Birthplace,

Balt^o City Md

8. Full Name of Father,

Samuel Smith

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Balt^o Md

Name of Medical Attendant, or other person who makes this Return.

Mrs. Jane B. Conster

Address,

#10 Hamilton St. City

Remarks,



Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child A 6011

1. Sex, state whether male or female

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 28 — 1888.

4. Place of Birth, (Street and Number)

1036 Hanover st

5. Full Name of Mother,

Margdalena Ruth

6. Mother's Maiden Name,

Schamb.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John P. Ruth

9. Father's Occupation,

Tailor

Father's Birthplace,

America.

Name of Medical Attendant. or other person who makes this Return.

J. Lohwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2* A 6012
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *September 28. Baltimore 1888*
 4. Place of Birth, (Street and Number) *1130. Decatur St.*
 5. Full Name of Mother, *Annie Hughes.*
 6. Mother's Maiden Name, *Annie Riley.*
 7. Mother's Birthplace, *Leeds Yorkshire England*
 8. Full Name of Father, *Michael Hughes.*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *County Mayo Ireland.*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. Stoll.*
 Address, *1619 Calver St.*
 Remarks, *Put in*

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex ☒ male ☐ female *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *Sept 28 1881*

Place of Birth, (Street and Number) *603 Independence Ave. Maryland*

Full Name of Mother, *Ida May Mueller*

Mother's Maiden Name, *Chubb*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Leopold Luender Mueller*

Father's Occupation, *Machinist*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

W. H. Diefenderffer M.D.

Address, *1421 Bolton St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth 6214*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 28 1888*
 4. Place of Birth, (Street and Number) *601 Truxtun*
 5. Full Name of Mother, *Ida Steinberg*
 6. Mother's Maiden Name, *Allen*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *August Steinberg*
 9. Father's Occupation, *Composer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *S. W. W. W. W. W.*
 Address, *926 Greenmount Ave*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A 6015
 Sex, (state whether male or female) Female
 Race or color, (if not of the white race) White
 Date of Birth, Sept 28th 1888
 Place of Birth, (Street and Number) Hospital, 622 W. Lombard St
 Full Name of Mother, Mary Smith
 Mother's Maiden Name, "
 Mother's Birthplace, Ireland
 Full Name of Father, Not Known
 Father's Occupation, "
 Father's Birthplace, "
 Name of Medical Attendant, or other person who makes this Return, L. E. Keale M.D.
 Address, 319 W. Monument St
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 6015

2. Sex (State whether male or female) female

3. Race or color, (if not of the white race) white

4. Date of Birth, 28 Sep.

5. Place of Birth, (Street and Number) 1232 E Fayette St

6. Full Name of Mother, Louisa Mead

7. Mother's Maiden Name, Hornung

8. Mother's Birthplace, Washington D.C.

9. Full Name of Father, Wm Mead

10. Father's Occupation, Carmaker

11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Uffig

Address,

1302 Boll and St

Remarks,

Printed in the line of ten (10) dollars for each offence, to be recovered as other lines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 28 Sep.

4. Place of Birth, (Street and Number) 1054 Hillen St.

5. Full Name of Mother, Susanna Kelly

6. Mother's Maiden Name, Eisenau

7. Mother's Birthplace, Balto.

8. Full Name of Father, J. L. Kelly

9. Father's Occupation, Saloon

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs. Rose Allbig
1302 Hall and St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Lee McCafferty
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 28th, 1888*

4. Place of Birth, (Street and Number) *No. 1731 E. Row 8*

5. Full Name of Mother, *Mrs. Mary Maria McCafferty*

6. Mother's Maiden Name, *Elizabeth B. Stevens*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Mr. Columbus Washington McCafferty*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, *Dr. A. C. Colendine, M.D.*
or other Person who makes this Return.

Address, *No. 1720 E. Fayette St. Cor. Broadway*

Remarks, *COVER NAME ADDED 10-2-53*

h.m.

for each address to be recovered as other places and families are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child A. 6017*
 1. Sex, (State whether male or female) *Girl*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth. *28th of September 1888.*
 4. Place of Birth, (Street and Number) *103 South Chester street.*
 5. Full Name of Mother, *Lilla Koch.*
 6. Mother's Maiden Name. *Lilla Adams.*
 7. Mother's Birthplace, *New Jersey.*
 8. Full Name of Father, *John Adams.*
 9. Father's Occupation, *Engineer*
 10. Father's Birthplace, *New Jersey.*
 Name of Medical Attendant, or other person who makes this Return. *Crescentia Kunkel*
 Address, *213 North Chapel St. per Justina Kunkel.*
 Remarks, *Healthy.*

PRINTED BY THE BALTIMORE CITY PRINTING AND STATIONING CO. BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st A 6020*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 28 - 88*
4. Place of Birth, (Street and Number) *312 Albemarle*
5. Full Name of Mother, *Magdalen Dorsey*
6. Mother's Maiden Name, *Magdalen Brumfield*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *John Dorsey*
9. Father's Occupation, *Paper Hanger*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *Daniel V. Morgan M.D.*
- Address, *1500 W. Edin St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

5th A. 5021

Female.

White

Sept 28th 1888.

1024 N Ann St.

Elizabeth Dantenich.

" Leonhardt.

Baltimore Md.

Henry Dantenich

Salesman, &c.

Baltimore Md.

Dr. C. L. Catell

H. W. Brindley

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th 6022

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, 28th Sept.

4. Place of Birth, (Street and Number) northwest corner Fremont and Vine St.

5. Full Name of Mother, Louisa Loetch

6. Mother's Maiden Name, " " Lohle

7. Mother's Birthplace, Neumburg Hanover

8. Full Name of Father, Theodor Loetch

9. Father's Occupation, Musical Director

10. Father's Birthplace, Leipzig Germany

Name of Medical Attendant, Abel Kate A. Geiglein or other person who makes this Return.

Address, No. 814 Vine St.

Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6023

1. Sex, (State whether ~~male~~ or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth, 28 September 1888

4. Place of Birth, (Street and Number)

906 S. Sharp St

5. Full Name of Mother,

Anna Metta ~~Barber~~ Weyrich

6. Mother's Maiden Name,

Branson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John D. Weyrich

9. Father's Occupation,

Barber

10. Father's Birthplace,

Harford County, Md.

Name of Medical Attendant, or other person who makes this Return.

Garthland St. Church

Address,

222 Sea Level all St

Remarks,

any fee, return of birth, or other person who makes this Return, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Jeanette Anderson*
 2d *A 6024*
 1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *white race*
 3. Date of Birth, *September the 28 - 1888*
 4. Place of Birth, (Street and Number) *Baltimore west St. No 174*
 5. Full Name of Mother, *Clara Anderson*
 6. Mother's Maiden Name, *Clark*
 7. Mother's Birthplace, *Morland*
 8. Full Name of Father, *Jacob Anderson*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Elizabeth Hathorn*
 Address, *light St. No 174*
 Remarks, **GIVEN NAME ADDED** *2-16-54*
h-m

any such person or persons who shall refuse to comply with the provisions of this act, or who shall be convicted of the crime of falsifying or forging any such return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 6025
 Sex, (state whether male or female) boy
 Race or color, (if not of the white race).
 Date of Birth, 28 September
 Place of Birth, (Street and Number) 1013 Sumner Street
 Full Name of Mother, Helen Heilmann
 Mother's Maiden Name, Kaunackel
 Mother's Birthplace, Ellenbach Prussia
 Full Name of Father, Michael Heilmann
 Father's Occupation, Inspector
 Father's Birthplace, Ellenbach Prussia
 Name of Medical Attendant, or other person who makes this Return, Dr. H. H. H. H.
 Address, 174 is is
 Remarks,

Not to be filled out by the Registrar, but to be filled out by the person making the return, and to be returned to the Registrar with the return.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 6076

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Apr 29 - 1888

4. Place of Birth, (Street and Number) 1426 Bank St.

5. Full Name of Mother, Lena Heidner

6. Mother's Maiden Name, Zeller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Heidner

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Bank St.

Remarks, _____

Not to be printed in the form of a certificate, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 6227

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 29th 1888

4. Place of Birth, (Street and Number)

115 N. Lombard str.

5. Full Name of Mother,

Hattie Smith

6. Mother's Maiden Name,

"Virginia"

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Wm. Wedel M.D.

Address,

115 N. Lombard str.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 5028
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 29
4. Place of Birth (Street and Number) 1529 Edmonson Ave
5. Full Name of Mother Mary C Wheeler
6. Mother's Maiden Name Mary C Turnbull
7. Mother's Birthplace Baltimore
8. Full Name of Father J. D. Wheeler
9. Father's Occupation Banker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. ROOK Kneas
- Address 1408 W. Fayette St.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 29th. 1888

4. Place of Birth. (Street and Number)

1126 Hartford av

5. Full Name of Mother,

Mina Eckle

6. Mother's Maiden Name,

" Bobb

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Jack Eckle

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

M. A. Burt

Address, 245 Monument St

Remarks All Mite

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second and A. 6030*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *September 29th 1898*
 Place of Birth, (Street and Number) *543 Townsend Street.*
 Full Name of Mother, *Allie Orann*
 Mother's Maiden Name, *Allie Sparrow*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Benziman Lloyd Orann*
 Father's Occupation, *Brush maker*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return *Mrs. A. Spengler*
 Address, *1501 Pennsylvania ave.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A. 6031

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 29th 1888

4. Place of Birth (Street and Number),

1813 Guilford Ave

5. Full Name of Mother,

Minnie Anderton

6. Mother's Maiden Name,

Creeg

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George Anderton

9. Father's Occupation,

Merchant

Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Chas E Sautter M.D.

Address,

2100 Street Hill Ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Secken 2d. A. 6032*

Sex, (state whether male or female) *female.*

Race or color, (if not of the white race) *white.*

Date of Birth, *29 September 1888.*

Place of Birth, (Street and Number) *627 Hamburg St.*

Full Name of Mother, *Katharina Frele.*

Mother's Maiden Name, *Katharina Herrman.*

Mother's Birthplace, *Germany.*

Full Name of Father, *August Frele.*

Father's Occupation, *Tobacco Worker.*

Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Bang.*

Address, *711 Cross St.*

Remarks, _____

Jecked to the fine of ten (10) dollars for each offence, but the fine and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

A. 6053

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 25th 1888

4. Place of Birth, (Street and Number) 1109 Bank st

5. Full Name of Mother,

Eiza Wisteck

6. Mother's Maiden Name,

" " Smith

7. Mother's Birthplace,

City

8. Full Name of Father,

John Wisteck

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

Mrs Eliza Betz

Address,

1244 Bank st

Remarks,

Not to be filled out with the provisions of this act shall be subject to the fine of ten dollars or imprisonment for not more than thirty days, or both, if recovered as either fine and imprisonment are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14-1-6324

Sex, (state whether male or female) Male

Race or color, (if not of the white race)

Date of Birth, Sept 29/88

Place of Birth, (Street and Number) N^o 2115 Mayer St.

Full Name of Mother, Eva Fleinz

Mother's Maiden Name, Selz

Mother's Birthplace, Germany

Full Name of Father, Edward Fleinz

Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, N^o 405 S. Washington St

Remarks,

Persons who shall hereafter list to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 6030

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 29 Sep.

4. Place of Birth, (Street and Number) 1702 of Gay st

5. Full Name of Mother, Fannie Goode

6. Mother's Maiden Name, Levy

7. Mother's Birthplace, Balto

8. Full Name of Father, Joh. Goode

9. Father's Occupation, Provision Store

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Ulbrich

Address,

1302 Holl and St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

784

A 036

Sex, (state whether male or female)

Thompson

Race or Color, (if not of the white race)

White

Date of Birth

Sept-29th/82

4. *Place of Birth, (Street and Number*

720 Dolphin Dr -

5. Full Name of Mother.

Miss. Mary S. Eichting

6. *Mother's Maiden Name.*

" " Miller

7. *Mother's Birthplace.*

Germany

8. Full Name of Father,

W. H. Liechtenow

9. *Father's Occupation,*

Box Manufacture of

10. *Father's Birthplace.*

Germany

Name of Medical Attendant, or other Person who makes this Return.

747 Hill

Address.

1018 Edmondson Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A. 6037

Sex, (state whether male or female) Female.

2. Race or color, (if not of the white race) White race

3. Date of Birth, Sep. 25

4. Place of Birth, (Street and Number) No. 1637, race. St.

5. Full Name of Mother, Kate. Wehm.

6. Mother's Maiden Name, " Livet

7. Mother's Birthplace, New-York. City

8. Full Name of Father, Peter. Wehm.

9. Father's Occupation, Class. Carver.

10. Father's Birthplace, Belgium.

Name of Medical Attendant, or other person who makes this return. Annie. Green.

Address, No. 1314. Light. St.

Remarks, Gause. Respectfully.

jected to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st* *A 6038*

(state whether male or female) *male*

Race or color, (if not of the white race) *Caucasian*

Date of Birth, *Sept 29th*

Place of Birth, (Street and Number) *570 Tabor St*

Full Name of Mother, *Abundia Butler*

Mother's Maiden Name, *Garret*

Mother's Birthplace, *Baltimore City*

Full Name of Father, *George Butler*

Father's Occupation, *Walter*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mrs Annie Johnson*

Address, *710 Tabor St*

Remarks,

Printed to the line of ten dollars for each of nine, to be recovered as other facts and particulars are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st A. 6039

Sex. (state whether male or female) Female

2. Race or color, (if not of the white race) Caucasian

Date of Birth, Sept 29th

4. Place of Birth, (Street and Number) 320 Conlar Court

6. Full Name of Mother, Maria Barnes

7. Mother's Maiden Name, St. Marys Co. Md

8. Full Name of Father, Henry Barnes

9. Father's Occupation, Teacher

10. Father's Birthplace, St. Marys Co. Md

Name of Medical Attendant, or other person who makes this Return. Charles W. Johnson

Address, 110 E. Jones St

Remarks, _____

Any false statement of fact made in this return, or any omission of material fact, shall be deemed to be a misdemeanor, and the person making the same shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- BALTIMORE*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *5240*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Sept 30 1888*
- Place of Birth, (Street and Number) *712 Frederick Ave*
- Full Name of Mother, *Minnie Fisher*
- Mother's Maiden Name, *Sheller*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Louis Fisher*
- Father's Occupation, *Butcher*
- Father's Birthplace, *Ohio*
- Name of Medical Attendant, *Edward H. Leonard M.D.*
or other Person who makes this Return.
- Address, *1403 W. Payette St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (First)

A 6041

Sex, (State whether male or female)

Female White

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 30/88

4. Place of Birth, (Street and Number)

Cor. Third & Calver St Baltimore Md

5. Full Name of Mother,

Ellen R. Chapman

6. Mother's Maiden Name,

Ellen R. Malia

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis C. Chapman

9. Father's Occupation,

Book Keeper

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Maxwell

Address,

1619 Cuba St

Remarks,

Baltimore

any such person of persons who shall be liable for the recovery of the fine of ten (10) dollars for each offence, to be recovered as other unpaid signatures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child* *6042*

Sex, (State whether male or female) *Female*

1. Race or color, (if not of the white race)

2. Date of Birth, *September 30th / 88*

3. Place of Birth, (Street and Number) *#1409 Pratt St.*

4. Full Name of Mother, *Katie Kammer*

5. Mother's Maiden Name, *" " Fehn*

6. Mother's Birthplace, *Rohrbach*

7. Full Name of Father, *George Kammer*

8. Father's Occupation, *Carpenter*

9. Father's Birthplace, *Bayern*

10. Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*

Address, *#106 S. Monrovia St.*

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

604.3

Female

2. Race
3. Date of Birth
4. Place of Birth
5. Full Name
6. Mother's Name
7. Mother's Address

Sept 30 / 88

N^o 1629 ¹²⁰ E; Lombard St.

Mary Loiselle
White

White

America

Henry Loisele

Check

Thomasha

Mrs. Louise Kraft,
2405 S. Washington St.

Address,

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1*

A. 6044

Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Sept 30 1888*

4. Place of Birth, (Street and Number) *413 Wolf st*

5. Full Name of Mother, *Kate Holt*

6. Mother's Maiden Name, *Evans*

7. Mother's Birthplace, *Calif*

8. Full Name of Father, *William West*

9. Father's Occupation, *Labourer*

Father's Birthplace, *Calif*

Name of Medical Attendant, or other person who makes this Return, *Mrs Eliza Betz*

Address, *1247 Bunk st*

Remarks,

ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall fail to be recovered in other ages and forfeitures are recoverable.
to the line of ten (10) dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2222

Name of Child: *George Ernest Sellers*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 6445*
Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Sept 30, 1898*
4. Place of Birth, (Street and Number) *2104 E. Fayette St.*
5. Full Name of Mother, *Mrs Anna Mary Jacobs Sellers*
6. Mother's Maiden Name, *Miss Anna Mary Jacobs*
7. Mother's Birthplace, *Carlisle Springs, Pa.*
8. Full Name of Father, *Adison Woshier Sellers*
9. Father's Occupation, *Book keeper*
10. Father's Birthplace, *Huntville Pa.*
Name of Medical Attendant, or other person who makes this Return, *G. G. Black M.D.*
Address, *2000 E. Ball St.*
Remarks, *Natural delivery*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third - 222*
1. Sex (state whether male or female), *Female -*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *September 30th 1888 -*
4. Place of Birth (Street and Number), *S. W. Cor. Eastern Ave + Bethel St.*
5. Full Name of Mother, *Adelina Sommerwerk -*
6. Mother's Maiden Name, *Adelina E. E. E. -*
7. Mother's Birthplace, *Baltimore Md -*
8. Full Name of Father, *Charles Sommerwerk -*
9. Father's Occupation, *Gracer -*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return *Dr. Darrice J. M. S.*
- Address, *700 S. Broadway*
- Remarks, *- Born - J. 30 P. M. -*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

A 6017

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 30 1877

4. Place of Birth (Street and Number),

572 N. Mount St

5. Full Name of Mother,

Margaret Evans

6. Mother's Maiden Name,

Benjamin

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John Evans

9. Father's Occupation,

Plasterer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Chas E. Satterlee M.D.

Address,

2100 Mount Vernon

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Josephine Russell

2. Sex, (State whether male or female)

female

3. Race or color, (if not of the white race)

white race

4. Date of Birth,

Sept the 30th 1888

5. Place of Birth, (Street and Number)

Baltimore Conaway St 610

6. Full Name of Mother,

Mary A Russell
Cole

7. Mother's Maiden Name,

Calvered Russell

8. Full Name of Father,

Bergmann Russell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hallorn

Address,

12-17-52 light st No 1514

Persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A. 6049

Sex (~~state whether male or~~ female),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth,

30th Sept. 1888

4. Place of Birth (Street and Number),

107 S. High St. Baltimore

5. Full Name of Mother,

Mrs. Annie Lyle

6. Mother's Maiden Name,

Annie Blum

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Lyle

9. Father's Occupation,

Orchardist

10. Father's Birthplace,

Prussia Poland

Name of Medical Attendant, or other person who makes this Return.

Dr. Leonard M.D.

Address,

1722 E. Balto. St.

Remarks,

For each offence, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A 6057*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 20, 1882*

4. Place of Birth, (Street and Number) *204 W. E. Fifth St.*

5. Full Name of Mother, *Louisa Turner*

6. Mother's Maiden Name, *Wason*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *John P. Turner*

9. Father's Occupation, *Shoe-builder*

Father's Birthplace, *Anne Arundel Co., Md.*

Name of Medical Attendant, or other Person who makes this Return, *D. Edward Anney M.D.*

Address, *837 N. Euston St.*

Remarks,

or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c) *2d*

A 5057

1. Sex, (state whether male or female)

Male

2. Race, or color, (if not of the white race)

White

3. Date of Birth,

September 30th

4. Place of Birth, (Street and Number)

604 Myrtle

5. Full Name of Mother,

Mary E. Davis

6. Mother's Maiden Name,

Mary E. Davis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph S. Davis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Washington D. C.

Name of Medical Attendant, or other person who makes this Return.

Wm. Cross

Address,

1413 S. Poppleton St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *September 30th 1888* *A 5052*
4. Place of Birth, (Street and Number) *200 Read St*
5. Full Name of Mother, *Mary Buchanan Redwood*
6. Mother's Maiden Name, *Mary Buchanan Coale*
7. Mother's Birthplace, *Howard County, Maryland*
8. Full Name of Father, *Francis Jaywell Redwood*
9. Father's Occupation, *Banker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Amanda Taylor Norris, M.D.*
- Address, *871 Harlem Avenue*
- Remarks,



any such person of persons who sign this Return shall be liable to the fine often (ten dollars for each offence) to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *30th day of Sept. A. 1883*
4. Place of Birth (Street and Number) *No. 304 W. Bond St.*
5. Full Name of Mother *Mrs. Mary Mast*
6. Mother's Maiden Name *Mrs. Mary Gang*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Mr. Alfred P. Mast*
9. Father's Occupation *Bookbinder*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Thelen*
- Address *No 206 Madura Alley*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

A 6054

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 30. 5-15 P. M. 1888*

4. Place of Birth, (Street and Number) *408 S. Ann St*

5. Full Name of Mother, *Mother, Augusta Williams*

6. Mother's Maiden Name, *M. A. Rosenick*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Benj. Franklin Williams*

9. Father's Occupation, *Salvage man*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *James C. Linnell M.D.*

Address, *1701 E. Balt. St.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

A. 6050

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) German

3. Date of Birth, Sept 17, 1888

4. Place of Birth, (Street and Number) Not lying in Hospital 622 W. Lombard St

5. Full Name of Mother, Josepha Bohlen

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, Not known

9. Father's Occupation, "

Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. L. E. Seale M.D.

Address, 519 N. Monument St

Remarks, _____

ected to the fine of ten (10) dollars for each offence, to be recovered by the City of Baltimore, or other authority having jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *7* Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *German*

3. Date of Birth, *Sept 1st 1888*

4. Place of Birth, (Street and Number) *Lying in Hospital 622 W. Lombard St.*

5. Full Name of Mother, *Lizzie Gallowell*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Not Known*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return. *L. E. Neale M.D.*

Address, *319 W. Monument St*

Remarks,

Subject to the fine of ten dollars for each offence, to be recovered against the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3A 607

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 1/88

4. Place of Birth, (Street and Number)

N^o 2029 Eastern Ave

5. Full Name of Mother,

Mary Pausch

6. Mother's Maiden Name,

Dillfelder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Pausch

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 5058

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth.

in the State Baltimore city

4. Place of Birth, (Street and Number)

Stockton Alley, 730

5. Full Name of Mother,

Maggie Reckelme

6. Mother's Maiden Name,

Maggie Schonhoff

7. Mother's Birthplace,

Canton, Ar

8. Full Name of Father,

George C. Reckelme

9. Father's Occupation,

Painter, Wagon Driver

10. Father's Birthplace,

city Baltimore

Name of Medical Attendant, or other person who makes this Return.

Hester Cotance

Address,

502 Preston st

Remarks,

any such person who shall hereafter fail to comply with the provisions of this act and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2*

A. 6057

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 1 - 1888

4. Place of Birth, (Street and Number)

248 S. Spring St.

5. Full Name of Mother,

Fanni Gohlman

6. Mother's Maiden Name,

Lebatz

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Mayer Gohlman

9. Father's Occupation,

Shoe Maker

Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child A 6060*

1. Sex, (State whether male or female) *Male.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *Sept. 12, 1888.*

4. Place of Birth, (Street and Number) *N. E. Cor. Baltimore & Poppleton Sts.*

5. Full Name of Mother, *Elizabeth Neser.*

6. Mother's Maiden Name, *" Daily.*

7. Mother's Birthplace, *Balt. City.*

8. Full Name of Father, *Charles Neser.*

9. Father's Occupation, *Saloon -*

Father's Birthplace, *Balt. City.*

Name of Medical Attendant, or other person who makes this Return. *R. J. N. Tall. M.D.,*

Address, *524 Sharp St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th* *A. 6064*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *1st day of September*
4. Place of Birth, (Street and Number) *Born in Baltimore, 135 S. Charles St.*
5. Full Name of Mother, *Magdalena Grendelach*
6. Mother's Maiden Name, *Magdalena Wentz*
7. Mother's Birthplace, *Germany, Rhine Province*
8. Full Name of Father, *John Frederick Grendelach*
9. Father's Occupation, *Glass blower*
10. Father's Birthplace, *Germany, Posen.*
- Name of Medical Attending, or other person who makes this Return, *Dr. Stump*
- Address, *Cor. Linden Hall & Montgomery Sts.*
- Remarks,

Any such person as returns a person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

A. 6062

Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept 2nd

4. Place of Birth, (Street and Number)

125 Alameda Same

5. Full Name of Mother,

Mary E. Sheehan

6. Mother's Maiden Name,

" McHuron

7. Mother's Birthplace,

York Va

8. Full Name of Father,

Jas. Sheehan

9. Father's Occupation,

Labors

Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. B. Burch M.D.

Address,

511 Hanover St

Remarks,

Not to be returned to the Office of Registrar of Vital Statistics, Baltimore City, unless accompanied by the fee of ten (10) dollars for each infant, to be recovered as other bills and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 6063
 Sex, (state whether male or female) Male
 2. Race or color, (if not of the white race)
 3. Date of Birth, Sep. 2 - 1888
 4. Place of Birth, (Street and Number) 237 S. Spring St.
 5. Full Name of Mother, Lina Bunker
 6. Mother's Maiden Name, Bagner
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Albert Bunker
 9. Father's Occupation, Bricklayer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

6064

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

Dec 2nd 1888

Place of Birth, (Street and Number)

19 W. Gaymen St.

Full Name of Mother,

Margaret Strong

Mother's Maiden Name,

Smith

Mother's Birthplace,

Balto.

Full Name of Father,

North Shanon

Father's Occupation,

Cleaning Establishment

Father's Birthplace,

Ohio

Name of Medical Attendant,

or other Person who makes this Return

Dr. C. H. Lewis

Address,

602 Gaymen St

Remarks,

Balto.

And

within the period above required, except in the cases of persons who shall hereafter be provided for by law, to be preserved as other files and penalties are removable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 6065

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Sept 2. 1888.

4. Place of Birth, (Street and Number)

1412 Linden Ave.

5. Full Name of Mother,

Sadie V. Wice

6. Mother's Maiden Name,

Wiaternitz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leo A. Wice

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Wm E. Monley M.D.

Address,

538 N. Eutaw St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, or imprisonment for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

A 6066

Sex, (state whether male or female)

Male

Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 20th 1888

4. Place of Birth, (Street and Number)

Hospital 623 W. Lombard St

5. Full Name of Mother,

Kate McManus

6. Mother's Maiden Name,

Not known

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Arthur McManus

9. Father's Occupation,

Not known

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return

L. E. Keale M.D.

Address,

319 W Monument St

Remarks,

jected to the fine of ten dollars for each offense, if the area and facilities are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child A. 6067*
 Sex, (State whether male or female) *Girl*
 Race or color, (if not of the white race) *Color*
 Date of Birth, *September 2 1888*
 Place of Birth, (Street and Number) *No. 1139 Wilmar Alley*
 Full Name of Mother, *Miss C. L. Barney*
 Mother's Maiden Name,
 Mother's Birthplace, *Calvert County Md.*
 Full Name of Father, *Dr. James H. Lee*
 Father's Occupation, *Waiter*
 Father's Birthplace, *Fredrick County Md*
 Name of Medical Attendant, or other person who makes this Return, *C. E. Lister Cook*
 Address, *1008 Shields Alley*
 Remarks,

any such persons or persons, who shall have been convicted of this offense, shall be liable to be recovered in other fines and forfeitures are recoverable.

feetured are recoverable.

ally and a person or persons who shall be ordered to appear and be subjected to the fine of ten (10) dollars for each offense, to be recovered as provided.

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A 6058

nuclei

Colucci

Sept 3rd 1888

308 Paxton st

Annie Goodwin

Annals of the

Ball

Bellevue, N.Y.
Bellevue, N.Y.

Cherry Hill
 Pa.

Technique
D. 11

Below me.

Huber Colman
100 P.

0.03 Meads

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child ~~A~~ 6069
Male

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

September 3rd 1908

4. Place of Birth, (Street and Number)

28 Pulaski St.

5. Full Name of Mother,

Annie Deatz.

6. Mother's Maiden Name,

Jackson

7. Mother's Birthplace,

Lancaster

8. Full Name of Father,

Henry Deatz

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

11. Name of Medical Attendant,

or other person who makes this Return.

Annie Lindner

Address,

166 S. Monro St.

Remarks,

Not to be used for any purpose other than that for which it was issued, and the same shall be returned to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, upon demand.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the line of ten for dollars for each offence, to be paid by the parent or guardian, and forfeitures are recoverable.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

Δ 6070

2. Sex, (state whether male or female) *female*

3. Race or color, (if not of the white race) *white*

4. Date of Birth. *September 3*

5. Place of Birth, (Street and Number) *Barton street 30030*

6. Full Name of Mother. *Ellen Gleason*

7. Mother's Maiden Name. *Ellen Purpin*

8. Mother's Birthplace, *County Sligo Ireland*

9. Full Name of Father, *Charles Gleason*

10. Father's Occupation, *Gleason helper*

11. Father's Birthplace, *County Galway Ireland*

Name of Medical Attendant, or other person who makes this Return.

Wm. P. Linsenman

Address,

House No. 1225

Remarks,

jected to the line of ten two-dollar bills for each cent to be received in that line of bills. The bills are recoverable.

A. 6071

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Sept

Sept 5, 1901

Amni Green

Thomas

Baltimore city

Samuel Green

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Patience etc.

Chas Adami photo

0910 24 June 1951

10. CITY PRINTING AND STAMPING.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

Sept 8/88

No 513 S. Washington St.

Bertha Olsen

Olsen

Norwegen

Sahob Olsen

Seaman

Norwegen

Mrs. Louise Kraft.

No 405 S. Washington St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 6073

Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Colored

Date of Birth,

Sept 3rd 1888

Place of Birth, (Street and Number)

711 Madison Ave

Full Name of Mother,

Ellen Carroll

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Carroll

9. Father's Occupation,

Carver

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Hester Colence

Address,

309 Preston Street

Remarks,

Penalty for non-compliance: For each failure to register a birth, a fine of ten dollars for each parent, to be recovered as other fines and forfeitures are recoverable. For failure to file a return, a fine of ten dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

A. 6074

Sex, (State whether male or female)

female
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 3rd. 1888

4. Place of Birth, (Street and Number)

1223 Holbrook St.

5. Full Name of Mother,

Ana Danlife

6. Mother's Maiden Name,

Ana Wackonite

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Frank. Danlife

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs M. A. Butt

Address, 1245 Monument St. Cor. Central av

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6075

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth, 3 September

4. Place of Birth, (Street and Number) 505 Barré St

5. Full Name of Mother, Mary Frick

6. Mother's Maiden Name, Fischer

7. Mother's Birthplace, Balto Ind

8. Full Name of Father, Wm Frick

9. Father's Occupation, Baker

10. Father's Birthplace, Balto Ind

Name of Medical Attendant, or other person who makes this Return, Catharina Munch

Address, 800 Fadenhill St

Remarks,

Noted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 4th. 1888 6076

4. Place of Birth, (Street and Number)

2539 Monument St.

5. Full Name of Mother,

Barbra Ramus

6. Mother's Maiden Name,

Muir

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Geo. Ramus

9. Father's Occupation,

Brassfinisher

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Miss M. A. Butt.

Address, *1245 Monument St. cor. Central av.*

Remarks, *Balto All Well*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th child*
- Sex, (state whether male or female) *Male*
- Race or color, (if not of the white race) *White*
- Date of Birth, *September 4th 1897*
- Place of Birth, (Street and Number) *1357 Carey Street*
- Full Name of Mother, *Bertha Mellingner*
- Mother's Maiden Name, *Bertha Fullman*
- Mother's Birthplace, *Germany*
- Full Name of Father, *Jacob Mellingner*
- Father's Occupation, *Musicians*
- Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Dr. A. Meserzehl*
- Address, *1507 Pennsylvania Ave.*
- Remarks,



jected to the fine of ten (10) dollars for each offence to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) white

3. Date of Birth, 4 Sep.

4. Place of Birth, (Street and Number) 1812 E. Chew St

5. Full Name of Mother, Lizzie Schmidt

6. Mother's Maiden Name, John

7. Mother's Birthplace, Europe

8. Full Name of Father, Adhian Schmidt

9. Father's Occupation, paper carrier

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return

Mrs Rose Ulberg
1802 Holl and St

Address,

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

6079

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

4th Sept 1888

4. Place of Birth, (Street and Number)

1518 Johnson St

5. Full Name of Mother,

Crook Kate Campbell

6. Mother's Maiden Name,

Campbell

7. Mother's Birthplace,

Georges Creek north Cumberland

8. Full Name of Father,

Edward Crook

9. Father's Occupation,

Blacksmith

Father's Birthplace,

Liverpool England

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Jewell

Address,

516 Port Ave

Remarks,

This birth record of person whose name is written on this card is a permanent record and is not to be destroyed to the fire of ten (10) days after the date of the birth of the child. It is to be preserved as other files and certificates are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 6050

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept. 4, 1888

4. Place of Birth (Street and Number),

1257 Sargant St.

5. Full Name of Mother,

Ella Gehrig

6. Mother's Maiden Name,

Ella Moore

7. Mother's Birthplace,

8. Full Name of Father,

Henry C. Gehrig

9. Father's Occupation,

Harness maker

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

H. C. Knipp M.D.

Address,

513 Scott St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, September 5th 1888

4. Place of Birth, (Street and Number) 1827 Gary street

5. Full Name of Mother, Loretta Lucas

6. Mother's Maiden Name, Georgetta Conrad

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Lucas

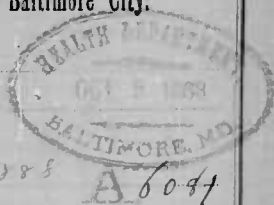
9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Wm. A. Mendenhall

Address, _____

Remarks, _____



Not to be returned to the Office of Registrar of Vital Statistics, Baltimore City, unless accompanied by the fee of ten (10) dollars for each alien, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

36082

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Sept 5 1888

4. Place of Birth, (Street and Number) 314 E. Exeter St.

5. Full Name of Mother, Mary Hauptman

6. Mother's Maiden Name, Barren

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friedrich Hauptman

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

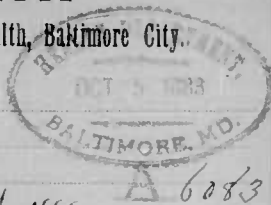
Address, 1427 E. Pratt St.

Remarks,

Jeeted to the fine of ten (10) dollars for each offence, to be recovered by the City and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Sept 5th 1888
 4. Place of Birth, (Street and Number) 411 Gay St.
 5. Full Name of Mother, Mary Rock
 6. Mother's Maiden Name, Johnson
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Fred Rock
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, Miss. M. Butt
 Address, 1245 Monument St - near Central av.
 Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *X 4th*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept. 5th. 1888.* *6084*

4. Place of Birth, (Street and Number) *410 Paterson Park av.*

5. Full Name of Mother, *Therese Gross.*

6. Mother's Maiden Name, *" Weesal.*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Carl Gross*

9. Father's Occupation, *Black Smith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs M. A. Butts*

Address, *1245 Monument St. Cor Central av.*

Remarks, *All Well*



ected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
 1. Sex, (State whether male or female). female
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Sept. 5th. 1888 A. 6086
 4. Place of Birth, (Street and Number) 525 Short St.
 5. Full Name of Mother, Lizzie Ramel
 6. Mother's Maiden Name, " Borhardt.
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Geo Ramel
 9. Father's Occupation, Cigar maker
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Butt.
 Address, 1245 Monument St. Cor Central av.
 Remarks, All well

any such return of birth, or any such return of death, or any such return of marriage, or any such return of divorce, or any such return of adoption, or any such return of any other event, which is required to be reported to the Registrar of Vital Statistics, shall be deemed to be a violation of the provisions of the Act, and the person so violating the provisions of the Act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Yerbury Goldsborough*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* 6086

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September 5, 1888

4. Place of Birth, (Street and Number)

1411 Druid Hill Avenue

5. Full Name of Mother,

Helene Caroline

Goldsborough

6. Mother's Maiden Name,

McManus

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry J. Goldsborough

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Kent County Md

Name of Medical Attendant, or other person who makes this Return.

Marbury Brewer M.D.

Address,

1106 McCulloch Street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th ~~A~~ 6087

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

5th Sept 1888

4. Place of Birth, (Street and Number)

1422 South Charles St

5. Full Name of Mother,

Sarah Virginia North

6. Mother's Maiden Name,

Austin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank North

9. Father's Occupation,

Painter

1. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Jewell

Address,

516 East Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 6th 88

4. Place of Birth, (Street and Number)

No 416 S. Register St.

5. Full Name of Mother,

Annie Steigewald
Wife

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Steigewald
Carpenter

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

20
Female
White

Sept. 5 1888.

1024 Watson St.

Rosa Peiser

" Mehan

Kentucky

H. Peiser.

Taylor.

Germany

J. H. Robinson M.D.

705 Greenmount Ave.

A. 6089

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1898

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. Child of A 6090
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

September 6. 1898

4. Place of Birth, (Street and Number)

#106 Payson St.

5. Full Name of Mother,

Mary Elbert

6. Mother's Maiden Name,

Wix.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Elbert.

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Samuel Lindner

Address,

#106 S. Maryland

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED

1888

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

12. Name of Medical Attendant,

13. Address,

14. Remarks,

15. or other person who makes this return.

4 Child A. 6291
Female

September 6th/88
#16 W. Pratt St.
Katie Thamoli
" " Darhoby.

Germany
Walter Thamoli
Shoenaker
Germany.

Annie Gindner
#106 S. Monroe St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c).....

☒ Sex, (state whether male or female).....

2. Race or color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

☒ Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

A 6092
72

Male

Sept 8/88

No 522 Row St

Caroline Kopper

Wittman

Germany

Adolf Kopper

Laborer

Germany

Mrs. Louise Kraft

No 405 S. Washington St

ected to the fine of ten (10) dollars for each offence, to be recovered in other filings, if any, are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Negro*

3. Date of Birth, *Sept 6th 1888*

4. Place of Birth, (Street and Number) *The Lyngin Hospital 622 W. Calver St.*

5. Full Name of Mother, *Rosa Smith*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Katkinson*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other person who makes this Return *L. E. Seale M.D.*

Address, *319 W. Monument St.*

Remarks, _____

Printed by the City of Baltimore, and sold by the City of Baltimore, at the rate of ten cents per copy, and by the City of Baltimore, at the rate of ten cents per copy, and by the City of Baltimore, at the rate of ten cents per copy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6094

2. Sex, (State whether male or female)

female

3. Race or color, (if not of the white race)

White

4. Date of Birth,

September 6

5. Place of Birth, (Street and Number)

1410 South Charles St

6. Full Name of Mother,

Lora Schneider

7. Mother's Maiden Name,

Lora Wagner

8. Mother's Birthplace,

Germany

9. Full Name of Father,

George W. Schneider

10. Father's Occupation,

Laber

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Esther M. M.

Address,

100 Madison Hall St

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Who may be required to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 6045

1. Sex (state whether male or female),

● Race or Color (if not of the white race),

3. Date of Birth, 6 Sept 1899

4. Place of Birth (Street and Number), 642 Brune St Baltimore

5. Full Name of Mother, Mrs Elizabeth Langher

6. Mother's Maiden Name, abraham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Oakland K. Langher

9. Father's Occupation, Sun Carrier

10. Father's Birthplace, Baltimore

● Name of Medical Attendant, or other person who makes this Return.

B. F. Leonard M.D.

Address,

1424 Duer St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

6098

1. Sex (state whether male or female),

Male.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

September 6th.

4. Place of Birth (Street and Number),

1357 Carroll St.

5. Full Name of Mother,

Barbara Long.

6. Mother's Maiden Name,

Frieder.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Charles O. Long.

9. Father's Occupation,

Master.

10. Father's Birthplace,

Germany.

11. Name of Medical Attendant, or other person who makes this Return.

John V. Aldridge

Address,

1 E. Cor. Columbia & Fremont Ave.

Remarks,

for each officer, to be recovered as other than and not returned as recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child A-6097

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth

September 6th

4. Place of Birth, (Street and Number)

Little Pine St. 904.

5. Full Name of Mother,

Katie Scott

6. Mother's Maiden Name,

Larford ex Phil.

7. Mother's Birthplace,

Coshua Britton

8. Full Name of Father,

Labor

9. Father's Occupation,

Harford W.D.

Father's Birthplace,

Delmar Cook

Name of Medical Attendant, or other person who makes this Return.

10 18 Shields Alley

Address,

Remarks,

any such person of persons who shall refuse to file or who shall file a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 698

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth 7 Sep

4. Place of Birth, (Street and Number) 138 Harrison St

5. Full Name of Mother, Annie Franz

6. Mother's Maiden Name, Ashendorf

7. Mother's Birthplace, Europe

8. Full Name of Father, John Franz

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Ellberg
1502 Hollabrod St

Address,

Remarks,

any such person who shall be liable to be punished with the imprisonment of not more than one year and a fine of not more than \$100, or both, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, or be excused on other duly substantiated grounds are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

A. 6099

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

Negro

3. Date of Birth,

Sept 7th 1888

4. Place of Birth, (Street and Number)

W. G. in Hospital 622 W. Lombard St.

5. Full Name of Mother,

Mary Pratt

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant,

or other person who makes this Return.

L. E. Seale M.D.

Address,

319 W. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

A 6400

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 7 - 1888

4. Place of Birth, (Street and Number)

225 S. Central Ave.

5. Full Name of Mother,

Friederika Holdorf

6. Mother's Maiden Name,

Steinberg

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Holdorf

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Harry Stein

Address,

1427 E. Pratt St.

Remarks,

any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each failure to be recorded as either birth and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 6101

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September 7, 1888

4. Place of Birth, (Street and Number)

957 Penna, Linnia Avenue

5. Full Name of Mother,

Harriet Virginia Sullivan

6. Mother's Maiden Name,

Jordan

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

W. W. Sullivan

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other person who makes this Return.

Markus Brewer M.D.

Address,

1106 M. Carroll St.

Remarks,

Subject to the fine of ten (10) dollars for each omission to be recorded, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 6102

Sex, (state whether male or female) Female.

Race or color, (if not of the white race) white.

Date of Birth, September 7. 1888.

Place of Birth, (Street and Number), Burgundy Alley 1122

Full Name of Mother, Eliza V. Adams.

Mother's Maiden Name, Eliza V. Thomas

Mother's Birthplace, Care Point Calvert County Md.

Full Name of Father, Henry Ferdinand Adams.

Father's Occupation, Printer

Father's Birthplace, Mearane Saxony Germanien.

Name of Medical Attendant, or other person who makes this Return. Harry Bange

Address, 711 Cross St

Remarks,

Any person who fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6103

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 7/88

4. Place of Birth, (Street and Number)

1137 S. Charles

5. Full Name of Mother,

Mathie J. Schwarzebeck

6. Mother's Maiden Name,

Mathie J. Schmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul F. W. Schwarzebeck

9. Father's Occupation,

Carpenter - Kiefer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Katharina M. M. M.

Address,

800 E. Bader Hall St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* *A 6104*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race).... *White*

3. Date of Birth, *September 5, 1888.*

4. Place of Birth, (Street and Number) *1102 Miller St.*

5. Full Name of Mother, *Josephine Edison*

6. Mother's Maiden Name, *Josephine Erch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Edison*

9. Father's Occupation, *Electrician*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return *W. R. Conkey*

Address, *213 E. North St.*

Remarks, *Dying Child*

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. A 6105

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 8th. 1888

4. Place of Birth, (Street and Number)

136 Monument St.

5. Full Name of Mother,

Mary Draper

6. Mother's Maiden Name,

Bashde

7. Mother's Birthplace,

Baltimore county

8. Full Name of Father,

Henry Draper

9. Father's Occupation,

Barber

Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Mrs M. H. Batt

Address, 1245 Monument St. cor Central av.

Remarks, All Well

Penalty for failure to file this return: For each offence, to be recovered in other fines and forfeitures are recoverable. For each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 74 6106
1. Sex, (State whether male or female) male
 2. Race or color, (if not of the white race)
 3. Date of Birth September the 8, '88
 4. Place of Birth, (Street and Number) James Alley No 1011
 5. Full Name of Mother, Leane Krieger
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Rapp
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germania
- Name of Medical Attendant, or other person who makes this Return, Latitia Munch
- Address, 200 Sea View St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

107

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 8/88

4. Place of Birth, (Street and Number)

No 133 Bradford Hwy

5. Full Name of Mother,

Mary Seilent Seiland
Dss

6. Mother's Maiden Name,

7. Mother's Birthplace,

Norwegen

8. Full Name of Father,

Oler Seilent Seiland

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Norwegen

Name of Medical Attendant, or other person who makes this Return

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

Name of child: John Oliver Seiland

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Age of Child of Mother, (state whether 1st, 2d, 3d, &c) *2*

6108

2. Sex, (state whether male or female, *Male*)

3. Race or color, (if not of the white race)

4. Date of Birth, *Sep 8 1888*

5. Place of Birth, (Street and Number) *424 Bank St*

6. Full Name of Mother, *Anna Rose*

7. Mother's Maiden Name, *Bishop*

8. Mother's Birthplace, *City*

9. Full Name of Father, *Jacob Rose*

10. Father's Occupation, *Laborer*

11. Father's Birthplace, *City*

12. Name of Medical Attendant, or other person who makes this Return *Mrs Eliza Betz*

Address, *1224 Bank St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First **A** 6109
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 8 - 88

4. Place of Birth, (Street and Number)

1818 E. Eager St

5. Full Name of Mother,

Isla May Smith

6. Mother's Maiden Name,

" " Kepler

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Samuel J. Smith

9. Father's Occupation,

Laborer

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

Child to report its birth to the Commissioner of Health, or the Mayor of Baltimore, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d 6/10

Sex, (state whether male or female) Male

Race or color, (if not of the white race)

Date of Birth, Sept. 9th 1888

Place of Birth, (Street and Number) 505 Falls Road, Hampden Annex, Balt.

Full Name of Mother, Florence R. Sheehan

Mother's Maiden Name, Florence R. Barnes

Mother's Birthplace, Carroll Co. Md.

Full Name of Father, Daniel Sheehan

Father's Occupation, Laborer

Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower M.D.

Address, 119 Third Ave. Woodberry Annex, Balt.

Remarks,

any act, person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Grand 2 grand 6

1. Sex, (State whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

September 7 1885

4. Place of Birth, (Street and Number)

Canton Baltimore 1111 Denney St

5. Full Name of Mother,

Agnis Finerty

6. Mother's Maiden Name,

Agnis Rooney

7. Mother's Birthplace,

Rockaway State of New York

8. Full Name of Father,

James Martin Finerty

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

C. H. D. Simpson M.D.

Address,

Here lot 1223

Remarks,

Fee of ten (10) dollars for each offense to be registered as a birth and infirmities are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

6112

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept 9th

4. Place of Birth, (Street and Number)

919 William St

5. Full Name of Mother,

Alice Cleiffe

6. Mother's Maiden Name,

" Busch

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm. Cleiffe

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. C. Bender M.D.

Address

511 Howard St

Remarks,

fect to the fine of ten dollars for each offense, to be recovered as other moneys, and which are to be paid to the

any such person or persons who shall be placed in the wrong position of this section shall be subjected to the fine of ten (10) dollars for each offense, and also be fined as a first offender and forfeitures are recoverable.

6.113

Female

1862

Sept. 9th

570 of force at

May Amanda Hilbel

Boyle

Parachute Co. m. d.

Cornell Floyd

L. A. Brown

some still in it

or other person who makes this Return.

Chas. Adams, Jr.

710 June 21

NO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth A 6114
Female

Sex, (State whether male or female)

Race or color, (if not of the white race)

Date of Birth,

Sep 9 88

Place of Birth, (Street and Number)

235 N Wolfe St

Full Name of Mother,

Margaret A. Litzinger

Mother's Maiden Name,

Fishbaugh

Mother's Birthplace,

Ma

Full Name of Father,

Augustus M. Litzinger

Father's Occupation,

Barber

Father's Birthplace,

Laborer

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Bell

Address,

912 Mc Donogh St

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable

1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child A 6115
- Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 9
4. Place of Birth, (Street and Number) 16 West St
5. Full Name of Mother, Josephine Mulligan
6. Mother's Maiden Name, " Shanley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. E. Mulligan
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, N. R. ~~Dr.~~ Easton
- Address, 213 E. South St.
- Remarks, Young Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child *William Alfred Duke*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 7, 1888.

4. Place of Birth, (Street and Number)

Halls Road

5. Full Name of Mother,

Esther Virginia Duke

6. Mother's Maiden Name,

Esther Virginia Kelley.

7. Mother's Birthplace,

Hampden Maryland.

8. Full Name of Father,

Alfred Charles Duke

9. Father's Occupation,

Locomotive Engineer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Chas. W. Mitchell M.D.

Address,

Box 61, Hampden P.O.,

Remarks,



6116

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd. A 6117

Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 18th. 1888

4. Place of Birth, (Street and Number)

1123 Braker St.

5. Full Name of Mother,

Aug. Walmbross

6. Mother's Maiden Name,

Aug. Samtgraf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adold Walmbross

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

M. S. Britt

Address, 1215 Monument St. For Central av

Remarks, All Well

jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, September 16th 1888

4. Place of Birth, (Street and Number) No 811 Ramsey St

5. Full Name of Mother, Margut Magaka

6. Mother's Maiden Name, Levin

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Henry Magaka

9. Father's Occupation, Blacksmith on the B&O Ch

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs C Cumar

Address, No 1927 W Lombard St

Remarks, _____



child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

10th of September 1888

4. Place of Birth, (Street and Number)

No 321 Vened St

5. Full Name of Mother,

Annie Caray

6. Mother's Maiden Name,

Annie Butler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Caray

9. Father's Occupation,

Brake

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other person who makes this Return.

Mrs E Dumar

Address,

No 1927 W Lombard St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *10 Sept 88*

4. Place of Birth, (Street and Number) *228 Chapple St*

5. Full Name of Mother, *Sedvik Dokal*

6. Mother's Maiden Name, *Kalender*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Anton Dokal*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return. *Mary Kaptch*

Address, *287 Washington St*

Remarks, *L*



jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

A. 6121

Sex, (State whether male or female)

901

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Sept 10th 1888

4. Place of Birth, (Street and Number)

509 Little George St

5. Full Name of Mother,

Annie Curtis

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Curtis

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Hester C. C. C.

Address,

509 Little George St

Remarks,

jected to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

6122

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 15th 1888

4. Place of Birth, (Street and Number)

Delapue in Hospital 622 A. Lombard St

5. Full Name of Mother,

Maggie Collins

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Unknown

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 N. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

6123

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 10th 1888

4. Place of Birth, (Street and Number)

Lying in Hospital 622 W. Lombard St

5. Full Name of Mother,

Fannie Carter

6. Mother's Maiden Name,

"
Maryland

7. Mother's Birthplace,

Not Known

8. Full Name of Father,

"

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 W. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

A 6124

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *10 September*

4. Place of Birth, (Street and Number) *215 Lewis St*

5. Full Name of Mother, *Mary Johnson*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *John Johnson*

9. Father's Occupation, *Hack driver*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs Rose Ulbrg*

Address, *1302 Hollander*

Remarks,

Subjected to the fine of ten (ten) dollars for each offense, if not delivered at once, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6125

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 10th

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Jessie Haulan

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. W. Under MD.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *male* *A. 6126*

1. Sex, (State whether male or female) *2nd*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Sept. 10th 1888*

4. Place of Birth, (Street and Number) *Stiles st.*

5. Full Name of Mother, *Lizzie Feeney*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Charles Feeney*

9. Father's Occupation, *Police Officer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs C Bernsten*

Address, *122 S. Exeter st.*

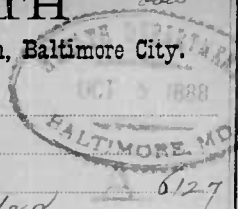
Remarks,

jected to the fine of ten to dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emory Fiske Best
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
 1. Sex (state whether male or female), *male*
 2. Race or Color (if not of the white race), *white*
 3. Date of Birth, *Sept. 11/88*
 4. Place of Birth (Street and Number), *316 N. Green St.*
 5. Full Name of Mother, *Mrs. Julia C. Best*
 6. Mother's Maiden Name, *" " Tripp*
 7. Mother's Birthplace, *Georgia*
 8. Full Name of Father, *Hezekiah S. Best*
 9. Father's Occupation, *Cement Contractor*
 10. Father's Birthplace, *Ind.*
 Name of Medical Attendant, or other person who makes this Return, *T. C. Worthington M.D.*
 Address, *840 W. Fayette St.*
 Remarks,



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2nd*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *11th of September 1888*

4. Place of Birth, (Street and Number) *Carroll ave Baltimore City*

5. Full Name of Mother, *Catherine Eschuck*

6. Mother's Maiden Name, *Catherine Ochs*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *Edward Eschuck*

9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Carroll ave Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mrs C Dumas*

Address, *No 1827 W Lombard St*

Remarks,



jected to the fine of ten and dollars for each offence, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6129
 Sex, (state whether male or female) Female
 Race or color, (if not of the white race) _____
 Date of Birth, Sept 11 - 1888
 Place of Birth, (Street and Number) 311 S. Exeter St.
 Full Name of Mother, Susie H. Curran
 Mother's Maiden Name, Burns
 Mother's Birthplace, Baltimore
 Full Name of Father, James J. Curran
 Father's Occupation, Carpenter
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this return, Maria H. Hine
 Address, 1427 E. Pratt St.
 Remarks, _____

Printed in the fine of ten (10) dollars for each offence, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 13th 1898

4. Place of Birth, (Street and Number)

920 Pennsylvania Avenue

5. Full Name of Mother,

Jennie Rosenthal

6. Mother's Maiden Name,

Jennie Katz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Simon Rosenthal

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Mrs. A. Kienzel

Address,

1507 Pennsylvania Ave

Remarks,



any and all persons who shall be convicted of this offense, shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 6131

Sex, (state whether male or female) White

2. Race or color, (if not of the white race) Female

3. Date of Birth, Ireland Sep 12

4. Place of Birth, (Street and Number) Holland Alley #116; Baltimore

5. Full Name of Mother, Bridget Kelly

6. Mother's Maiden Name, Bridget Scott

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Kelly

9. Father's Occupation, Labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, #116 Calender Street Ch. 2.

Remarks, _____

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st.

Sex, (State whether male or female)

Male.

White

6/32

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 12th. 1888

4. Place of Birth, (Street and Number)

820 Stirling St.

5. Full Name of Mother,

Ellie Folker

6. Mother's Maiden Name,

" Hardy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Aug. Folker

9. Father's Occupation,

Labour

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Butts

Address, 1245 Monument St. P. O. Central av.

Remarks, All Well.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *12 Sep 1885*

4. Place of Birth, (Street and Number) *218 S Bond St.*

5. Full Name of Mother, *Mary Zelenion*

6. Mother's Maiden Name, *Woznak*

7. Mother's Birthplace, *Coburn*

8. Full Name of Father, *Frank Zelenion*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other person who makes this Return. *Mary Koptich*

Address, *207 1/2 Washington St*

Remarks,



any such person or persons who shall return this card without having paid the fee of ten cents, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 12 Sept 1888

4. Place of Birth, (Street and Number) 761 Chapple St

5. Full Name of Mother, Anna Jarratid

6. Mother's Maiden Name, Jarratid

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Jarratid

9. Father's Occupation, Tailor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Keftish

Address, 207 Washington St

Remarks,



Child to report to the Registrar of Vital Statistics, Baltimore City, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *12 Sep 1888*

4. Place of Birth, (Street and Number) *2117 Meyer st*

5. Full Name of Mother, *Mary Stollar*

6. Mother's Maiden Name, *Fairmore*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Andy Stollar*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *Mary T. Plisk*

Address, *207 Ct Washington st*

Remarks,



any such person or persons who shall be convicted of this offence, to be recovered as other dues and for. Returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 12 Sept 1888

4. Place of Birth, (Street and Number) 1938 Lombard st

5. Full Name of Mother, Mary Beis

6. Mother's Maiden Name, Mary Beis

7. Mother's Birthplace, Germany

8. Full Name of Father, John Beis

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptch

Address, 274 Washington st

Remarks,



A 6136

Any return made after the first of January, 1888, and before the first of January, 1889, shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other lines and forfeitures are recovered in

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

6137

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 12 September

4. Place of Birth, (Street and Number) 196 Harrison St

5. Full Name of Mother, Maggie Harlouns

6. Mother's Maiden Name, Boehm

7. Mother's Birthplace, Europe

8. Full Name of Father, Henry Harlouns

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Miss Rose Ullig

Address,

1302 Hollander St

Remarks,

to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 6138

Sex, (state whether male or female) White male

2. Race or color, (if not of the white race) white

3. Date of Birth, Sept 12th 1888

4. Place of Birth, (Street and Number) Johns Hopkins Hospital 622 W. Lombard St

5. Full Name of Mother, Agnes V. Everett

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Not Known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. B. Adams M.D.

Address, 319 W. Monument St

Remarks, _____

Printed at the fine of ten (10) dollars for each offence, to be recovered by the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

6139

Sex, (state whether male or female)

Male

Race or color, (if not of the white race)

Date of Birth,

Sep 12 1888

Place of Birth, (Street and Number)

1523 E Lombard St.

Full Name of Mother,

Caroline Bauer

Mother's Maiden Name,

Friedrich

Mother's Birthplace,

Germany

Full Name of Father,

George Bauer

Father's Occupation,

Baker

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

1427 E Pratt St.

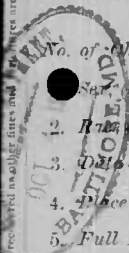
Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Recorded in other files and in other areas are recoverable
 jected to the fine of ten (10) dollars for each offence, to be recovered in other files and in other areas are recoverable



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A 61440
 Sex, (State whether male or female) *Female*
 Race or color, (if not of the white race) *A descendant of Africa. Black.*
 Date of Birth, *September 13th 1888.*
 Place of Birth, (Street and Number) *2132 E. McElderry St.*
 Full Name of Mother, *Annie Belle Gibson.*
 Mother's Maiden Name, *Annie Belle Gary.*
 Mother's Birthplace, *Baltimore Maryland.*
 Full Name of Father, *Leavis Oliver Gibson.*
 Father's Occupation, *Laborer.*
 Father's Birthplace, *Baltimore Maryland.*
 Name of Medical Attendant, or other person who makes this Return, *Doctor John Davis*
 Address, **233 N. Chester St. Baltimore Maryland.*
 Remarks, *Natural delivery.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th Pregnancy this time twins* 6141

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 13th 1888.

4. Place of Birth, (Street and Number)

1624. Shakspear St.

5. Full Name of Mother,

Francisca Schultz

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Brunsborg Prussia

8. Full Name of Father,

Nicolas Schultz

9. Father's Occupation,

Steward

10. Father's Birthplace,

Brunsborg. Prussia

Name of Medical Attendant,

or other person who makes this Return.

Fred. W. Weber.

Address,

** 1711. Canton av.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child 6142

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

September 13th/88

4. Place of Birth, (Street and Number)

735 Baltimore St.

5. Full Name of Mother,

Matthie Meyer

6. Mother's Maiden Name,

" " Lane

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Meyer

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Annie Lindner

Address,

106 S. Monroe St.

Remarks,

1886
Subject to the fine of ten (10) dollars for each offense, to the recorder who will not file a return not in accordance with the regulations.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d Child* *6/14/3*

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race).

3. Date of Birth,

September 13/08

4. Place of Birth, (Street and Number)

Green St. near Lexington

5. Full Name of Mother,

Mary Kiehl

6. Mother's Maiden Name,

" Brunner.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Kiehl

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Baltimore.

11. Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

106 S. Monroe St.

Remarks,

Printed to the use of the Registrar of Vital Statistics, Baltimore City. No. 106 S. MONROE ST. BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

A 61424

1. Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth, 13 Sept. 1884

4. Place of Birth (Street and Number) 326 2 Central Avenue

5. Full Name of Mother, Mrs. Sarah Garfinkel.

6. Mother's Maiden Name, Sarah Blum

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Benjamin Garfinkel.

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia Poland

Name of Medical Attendant, or other person who makes this Return.

Dr. Leonard M.D.

Address,

1724 E. B. St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A. 6146*

☒ Sex, (state whether male or female) *♀*

2. Race or color, (if not of the white race).....

3. Date of Birth, *13 September*

4. Place of Birth, (Street and Number) *1204 Commercial St.*

5. Full Name of Mother, *Madeline Helger*

6. Mother's Maiden Name, *Schlesinger*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Stephen Helger*

9. Father's Occupation, *Bagger*

☒ Father's Birthplace, *Walden Prussia*

Name of Medical Attendant, or other person who makes this Return, *Anna Helger*

Address, *1204 Commercial St.*

Remarks,

any person who fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 6146
1. Sex, (state whether male or female) 601
2. Race or color, (if not of the white race) _____
3. Date of Birth, 13 September
4. Place of Birth, (Street and Number) 1016 Spring Street
5. Full Name of Mother, Barbara Switzerhoff
6. Mother's Maiden Name, Knapp
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Dr. Valentin Switzerhoff
9. Father's Occupation, Physician
10. Father's Birthplace, Prussia
1. Name of Medical Attendant, or other person who makes this Return, Anna Walter
- Address, 1016 Spring Street
- Remarks, _____

and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *13 Sep 1888*

4. Place of Birth, (Street and Number) *505 of Chapple St*

5. Full Name of Mother, *Kate Fushka*

6. Mother's Maiden Name, *Crach*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *John Fushka*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *Harry Hestrich*

Address, *267 of Washington St*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept. 13th - 1888*

4. Place of Birth, (Street and Number) *Woodbury Ave.*

5. Full Name of Mother, *Laura Meldrum*

6. Mother's Maiden Name, *Laura Austin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William J. Meldrum*

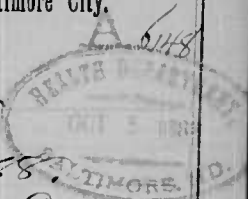
9. Father's Occupation, *U. S. Mail Detective*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*

Address, *Box 61, Hampden, P. O.*

Remarks,



jected to the fine of ten (10) dollars for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 13 Sept 1888

4. Place of Birth, (Street and Number) 213 Washington St

5. Full Name of Mother, Sarah De Wolfe

6. Mother's Maiden Name, Sarah De Wolfe

7. Mother's Birthplace, France

8. Full Name of Father, George De Wolfe

9. Father's Occupation, France

10. Father's Birthplace, Bookkeeper

Name of Medical Attendant, or other person who makes this Return. Mary Roptert

Address, 207 St Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Female

White

Sept. 14th

Cor. Chestnut and Harbors.

Alice Ford

Alice Connor

Baltimore

John Ford

Barber

Maryland

Chas. H. Mitchell M.D.

Box 6, Hampden, P.O.



Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No.* of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st) 6157

2. Sex, (State whether male or female)

Female

3. Race or color, (if not of the white race)

4. Date of Birth,

14 day of September 1888

5. Place of Birth, (Street and Number)

538 Frederick Ave

6. Full Name of Mother,

Mary R Cawood

7. Mother's Maiden Name,

Mary R Owings

8. Mother's Birthplace,

Baltimore City

9. Full Name of Father,

Edwin J Cawood

10. Father's Occupation,

Clerk

11. Father's Birthplace,

St Marys County

12. Name of Medical Attendant, or other person who makes this Return.

Mrs Lindner

Address,

106 S Monroe St

Remarks,

Printed to the line of ten (10) dollars for each offense, to be recovered as a civil fine and for costs, to be recovered as a civil fine.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 6152

Sex, (state whether male or female) Male

Race or color, (if not of the white race)

Date of Birth, Sep 15th 1888

Place of Birth, (Street and Number) 1160 Bank St.

Full Name of Mother, Josephine Becker

Mother's Maiden Name, " Millerberg

Mother's Birthplace, Germany

Full Name of Father, Henry Becker

Father's Occupation, Farmer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr. E. B. B.

Address, 1160 Bank St.

Remarks,

Decided to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 6153

1. Sex, (state whether male or female)

Male

2. Color or color, (if not of the white race)

White

3. Date of Birth,

Sept 15th 1888

4. Place of Birth, (Street and Number)

Johns Hopkins Hospital 622 W. Lombard St.

5. Full Name of Mother,

Fannie Parker

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Georgia

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return,

D. E. Neale M.D.

Address,

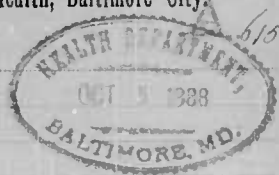
319 W. Monument St

Remarks,

Printed to the use of the Registrar of Vital Statistics, Baltimore City, by the City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 15 Sept 1888

4. Place of Birth, (Street and Number) 945 Bond st

5. Full Name of Mother, Mary Dreller

6. Mother's Maiden Name, * Kelling

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Dreller

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pittsford

Address, 207 Washington st

Remarks.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines shall be recovered in the District Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

A 6166

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 15th 1888

4. Place of Birth, (Street and Number)

455 N. York St.

5. Full Name of Mother,

Henrietta Dettlacher

6. Mother's Maiden Name,

Wernberg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Dettlacher

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. H. Seldner M.D.

Address,

10 E. for Caroline & Eager Sts.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *15 Sep 1888*

4. Place of Birth, (Street and Number) *2029 Bond St*

5. Full Name of Mother, *Rose Schwartz*

6. Mother's Maiden Name, *" Schwartz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Schwartz*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary Kofthick*

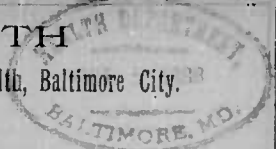
Address, *207 Cl Washington St*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sept. 15th 1888*
4. Place of Birth, (Street and Number) *1312 Calver St*
5. Full Name of Mother, *Mary Leontelma*
6. Mother's Maiden Name, *" Hofsteder*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *Ed. Leontelma*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. M. A. B. W.*
- Address, *1245 Monument St. Cor Central av*
- Remarks, *All well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

Race Color, (if not of the white race) White

Date of Birth, September 15 1888

Place of Birth, (Street and Number) 14th St. North Avenue

Full Name of Mother, Cordelia M. Roberts

Mother's Maiden Name, B. Berry

Mother's Birthplace, Baltimore

Full Name of Father, Edward Roberts

Father's Occupation, Agent

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 1215 W. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

16th

A

6159

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 15

4. Place of Birth (Street and Number),

1102 Federal St.

5. Full Name of Mother,

Amie Edman

6. Mother's Maiden Name,

Anne Nickel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Edman

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Burns

Address,

1000 N. Chester St. near Calver Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 6160
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) white
Date of Birth, Sept 15th 1888
Place of Birth, (Street and Number) 22 N Pearl St
Full Name of Mother, Esther Stern
Mother's Maiden Name, Brigitte Brütigheimer
Mother's Birthplace, Baltimore
Full Name of Father, Joseph Stern
Father's Occupation, Salesman
Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, H. Frankland
Address, 33 & N. Astington Ave
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *15 Sept 1888*

4. Place of Birth, (Street and Number) *1734 Edmontford st*

5. Full Name of Mother, *Barbara Blotkamp*

6. Mother's Maiden Name, *Thinn*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Valentine Blotkamp*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Chas. K. H. H. H.*

Address, *207 Washington*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 6/62

Sex, (state whether male or female)

Female

Race or color, (if not of the white race)

Negro

Date of Birth,

Sept. 15th 1888

Place of Birth, (Street and Number)

Not lying in Hospital 622 W. Broadway St.

Full Name of Mother,

Gertrude Johnson

Mother's Maiden Name,

" "

Mother's Birthplace,

Baltimore

Full Name of Father,

Not known

Father's Occupation,

" "

Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Seale M.D.

Address,

319 W. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex. (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 15 Sept 1888

4. Place of Birth, (Street and Number) 7008 Thames st

5. Full Name of Mother, Mary Stumpf

6. Mother's Maiden Name, Inoboda

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Stumpf

9. Father's Occupation, Dryer Smoker

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mary R. R. R.

Address, 207 W Washington St

Remarks,



A. 6/63

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6164

Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth.

Sept 15th 1888

4. Place of Birth, (Street and Number)

428 St Mary St

5. Full Name of Mother.

Mattie Banks

6. Mother's Maiden Name.

Mattie Wilson

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John Barok

9. Father's Occupation.

Carrage Driver

10. Father's Birthplace.

London, Ind.

Name of Medical Attendant, or other person who makes this Return.

Hester Colman

Address,

509 Madison St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *16 Sept 1888*

4. Place of Birth, (Street and Number) *2416 E Monument*

5. Full Name of Mother, *Sabina Hamm*

6. Mother's Maiden Name, *Kanger*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Chas Hamm*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *Chas R. R. R.*

Address, *207 of Washington*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex. (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 16th 1888

4. Place of Birth, (Street and Number)

1719 Forest St.

5. Full Name of Mother,

Deja Boutlof

6. Mother's Maiden Name,

Deja Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Boutlof

9. Father's Occupation,

Packer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Butts

Address, 1245 Monument St Cor. Central av.

Remarks. All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *September 16th 1888*

4. Place of Birth, (Street and Number) *No 118 Veneend St*

5. Full Name of Mother, *Kate Fox*

6. Mother's Maiden Name, *Kate Green*

7. Mother's Birthplace, *Washington*

8. Full Name of Father, *Charles Fox*

9. Father's Occupation, *Cyrtor Shucker*

10. Father's Birthplace, *Howard County*

Name of Medical Attendant, or other person who makes this Return, *Mrs E Dumas*

Address, *No 1927 W Bonilard St*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

6168

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, Sept. 16th 1888

4. Place of Birth, (Street and Number)

Stiles st.

5. Full Name of Mother,

Jennie Langdon

6. Mother's Maiden Name

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Langdon

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Mrs. C. Bernstein

Address,

122 S. E. St.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child A 6169

Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

3. Date of Birth,

16 September

4. Place of Birth, (Street and Number)

1740 Dallas Street

5. Full Name of Mother,

Anna Volker

6. Mother's Maiden Name,

B. Humboldt

7. Mother's Birthplace,

Anna Lewistown - Maryland

8. Full Name of Father,

Gerald Volker

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Lewistown - Maryland

Name of Medical Attendant, or other person who makes this Return.

Anna Volker

Address,

1249 E. Eager Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 5170
- Sex, (state whether male or female) girl
2. Race or color, (if not of the white race) white
3. Date of Birth, 17th September
4. Place of Birth, (Street and Number) 17th Maryland Avenue
5. Full Name of Mother, Laura Broome
6. Mother's Maiden Name, England
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John E. Broome
9. Father's Occupation, Business
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Calvin Harris
- Address, 12th & E. 12th Sts
- Remarks, P

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third. A 671*

1. ☒ Male, (State whether male or female) *Male.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *Seventeenth of September.*

4. Place of Birth, (Street and Number) *815 Burke street.*

5. Full Name of Mother, *Emma Novach*

6. Mother's Maiden Name, *Emma Greger.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Martin Novach.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return *Mrs. P. Hirschmann.*

Address, *Home street 1225.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *A. 6172*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept 17th 1888*

4. Place of Birth, (Street and Number) *Young in Hospital 622 W. Pauler St*

5. Full Name of Mother, *Else Lauter*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Not known*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return. *L. E. Seale*

Address, *819 N. Monmouth St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A-6173

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 17/88

4. Place of Birth, (Street and Number)

No 2110 Eastern Ave

5. Full Name of Mother,

Maggie Schnader

6. Mother's Maiden Name,

Denk

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Sebastian Schnader

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 6174
- Sex, (state whether male or female) Female
- Race or color, (if not of the white race)
- Date of Birth, Sept 17 - 1894
- Place of Birth, (Street and Number) 33 E Montgomery St.
- Full Name of Mother, Anni Lippin
- Mother's Maiden Name, Nitter
- Mother's Birthplace, Baltimore
- Full Name of Father, Friedrich Lippin
- Father's Occupation, laborer
- Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary Klein
- Address, 1427 E Pratt St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

6170

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 17th 1888

4. Place of Birth, (Street and Number)

604 W Broadway

5. Full Name of Mother,

Blanche Schumacher

6. Mother's Maiden Name,

Bennett

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schumacher

9. Father's Occupation,

Coal Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

J H Seldner M.D.

Address,

1010 Franklin Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

11. 81-75

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

Sept. 17th, 1886

4. Place of Birth, (Street and Number)

1110 Madison Alley

5. Full Name of Mother.

Caroline Quincy

6. Mother's Maiden Name,

Leland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Quincy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant,

or other Person who makes this return

Dr. C. R. Lewis

Address,

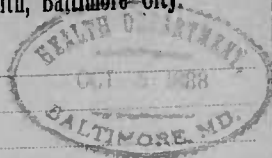
602 Hancock St

Remarks.

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

Sex, (State whether male or female) *Boy*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *18 Sept 1888*

4. Place of Birth, (Street and Number) *1915 St Lombard St*

5. Full Name of Mother, *Lisa Kramer*

6. Mother's Maiden Name, *Lisa Feller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Peter Kramer*

9. Father's Occupation, *Salvor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Harry Koptist*

Address, *317 of Washington St*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A. 6178

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

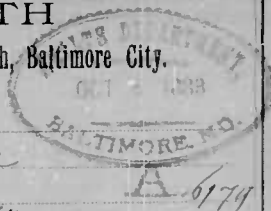
Address,

Remarks,

For each office to be received as other files and instruments are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sept-18th- 1888*
4. Place of Birth, (Street and Number) *1037 Gay st.*
5. Full Name of Mother, *Josephine Gissing*
6. Mother's Maiden Name, *Josephine Witmar*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Aug. Gissing*
9. Father's Occupation, *Binder*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Mrs M. A. Butt*

Address, *1245 Monument St. Near Central av*

Remarks, *All Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

52 180

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 18/88

4. Place of Birth, (Street and Number)

No 604 S. Washington St.

5. Full Name of Mother,

Sophie Krammer

6. Mother's Maiden Name,

Schwarz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Lindemeier

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Adam Frank Justus*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

A. *6/87*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Sept. 18th 1888*

4. Place of Birth, (Street and Number) *1415 Bunkle st.*

5. Full Name of Mother, *Julia Justus*

6. Mother's Maiden Name, *Messel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Justus*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Bernstein*

Address *122 S. Exeter st.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

6182

(state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth.

Sept 8th 1888

Place of Birth, (Street and Number)

1st Cambridge St.

Full Name of Mother.

Elizabeth Ramsey

Mother's Maiden Name.

Werner

Mother's Birthplace.

Ida

Full Name of Father.

Albert Ramsey

Father's Occupation.

Clerk

Father's Birthplace.

Ida

Name of Medical Attendant.

or other person who makes this Return

Wm. L. H. Lewis

Address.

602 Howard St.
Baltimore

Remarks.

Ida

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* *6183*
2. Sex, (state whether male or female) *Male*
3. Race, or color, (if not of the white race)
4. Date of Birth, *Sep 15th 1888*
5. Place of Birth, (Street and Number) *203 Caroline st.*
6. Full Name of Mother, *Menna Walter*
7. Mother's Maiden Name, *Salitz*
8. Mother's Birthplace, *City*
9. Full Name of Father, *Henry Walter*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *City*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Eliza Bate*
- Address, *2244 Bank st.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth* *6184*

1. Sex, (State whether male or female) *Female.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *Nineteenth of September.*

Place of Birth, (Street and Number) *Bennet St. 815. 3011.*

Full Name of Mother, *Jefelia Emma Schultze.*

6. Mother's Maiden Name, *Emma Jefelia Lubinski.*

7. Father's Birthplace, *Thomas Schultze. Germany.*

8. Full Name of Father, *Thomas Schultze.*

9. Father's Occupation, *Labourer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. P. Jirschmann.*

Address, *Heine Street.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

17 6186

1. Sex, (State whether male or female)

Male
bol

2. Race or color, (if not of the white race)

3. Date of Birth,

Balto Sep 19

4. Place of Birth, (Street and Number)

75 W. near St

5. Full Name of Mother,

Annie C. Griffin

6. Mother's Maiden Name,

Annie

7. Mother's Birthplace,

Balto

8. Full Name of Father,

James E. Griffin

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Caroline Moore

Address,

518 W. near St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 A 6186

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth.

Sept. 19

4. Place of Birth. (Street and Number)

Baltimore 1122. Blackson

5. Full Name of Mother,

Annie Washington

6. Mother's Maiden Name.

Annie

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Hersey Wilson

9. Father's Occupation,

laborer

10. Father's Birthplace,

Mo

Name of Medical Attendant. or other person who makes this Return.

Caroline Moore

Address,

58 W. West St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6187

Sex, (State whether male or female) male

2. Race or color, (if not of the white race) colored

3. Date of Birth, 19th September 1883

4. Place of Birth, (Street and Number) 114 S. Eutan street

5. Full Name of Mother, Sarah Lizzie Hearer

6. Mother's Maiden Name, Sarah Lizzie Cumwell

7. Mother's Birthplace, Balto

8. Full Name of Father, James Cumwell

9. Father's Occupation, Farmer

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Angelina Wilson

Address, 1049 S. Howard street

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-25-14
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 girls, 3 boys 158*

1. Sex, (State whether male or female)

a boy

2. Race or color, (if not of the white race)

white race

3. Date of Birth.

19 September 1888

4. Place of Birth, (Street and Number)

Baltimore, 1113 Leinster St

5. Full Name of Mother.

Charlie Gorge

6. Mother's Maiden Name.

Anna Schumacker

Mother's Birthplace.

Baltimore

7. Full Name of Father.

Paul Gorge

8. Father's Occupation.

Laborer

9. Father's Birthplace.

Russland

Name of Medical Attendant, or other person who makes this Return.

Mrs P Lamm

Address.

Home street 1225

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 2nd - 6184

Sex, (state whether male or female)

Female

Race or color, (if not of the white race)

White

Date of Birth,

September 20th 1888

Place of Birth, (Street and Number)

1117 Argyle avenue.

Full Name of Mother,

Maggie Strauss.

Mother's Maiden Name,

Maggie Darbeck

Mother's Birthplace,

Baltimore

Full Name of Father,

Adolph Strauss

Father's Occupation,

Machinist

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

Mrs Anna Muenzel

Address,

1507 Pennsylvania ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 5190*

1. Sex, (state whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 20th 1889

4. Place of Birth, (Street and Number)

307 Howard

5. Full Name of Mother,

Annie McNeely

6. Mother's Maiden Name,

" " " "

7. Mother's Birthplace,

Orlando, Fla.

8. Full Name of Father,

Sam^l McNeely

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Fla.

Name of Medical Attendant, or other person who makes this Return.

Virginia Cooke M.D.
714 Chatham St. No 113

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *A. 6191*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept 20th*

4. Place of Birth, (Street and Number) *1699 Patapiscus St*

5. Full Name of Mother, *Mary C. Gladden*

6. Mother's Maiden Name, *" Garrison*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *S. B. Gladden*

9. Father's Occupation, *Sail boat Captain*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *J. C. Beach M.D.*

Address, *511 Hammond St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A 6192

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 20th 1899

4. Place of Birth, (Street and Number)

1512 E Monument St

5. Full Name of Mother,

Annie M. Lush

6. Mother's Maiden Name,

Mrs. Lush

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel H. Lush

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Howard Co. Md

Name of Medical Attendant, or other person who makes this Return.

S. H. Seldner M.D.

Address, S. E. Cor. Lombard & Bager Sts

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) white

3. Date of Birth, 20 Sep 1888

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Dora Kovotny

6. Mother's Maiden Name, Salomon

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Kovotny

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Chas. K. Cook

Address, 207 W. Washington St.

Remarks,



jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A. 6194

1. Sex, (state whether male or female) Two Male twins

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept 20, 1888

4. Place of Birth, (Street and Number) 122 E. Shields St. Balt.

5. Full Name of Mother, Lelia Brown

6. Mother's Maiden Name,

7. Mother's Birthplace, Richmond Co. Va.

8. Full Name of Father, Thomas Brown

9. Father's Occupation, Chain & Rubber Co. P.

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. M. L. Brown

Address, 11-1 Saratoga St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2d. A 5175
Male - Herbert Owens Smith

White

Sept. 21 - 88.

Brick Hill (Wilwood Lane)

Ellen Smith

Ellen White

Maryland

John W. Smith -

Laborer

Maryland

Ellas. H. Mitchell M.D.

Box 6, Hampden Co.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th

Δ 5196

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 21st 1888

4. Place of Birth, (Street and Number)

1417 Patterson Ave

5. Full Name of Mother,

Annie R. Lynch

6. Mother's Maiden Name,

" " Neal

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. T. Lynch

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Thos. J. C. Coker, M.D.

Address,

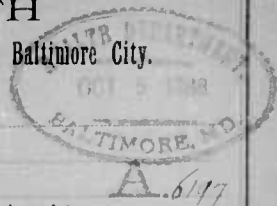
914 S. Charles St. Baltimore

Remarks,

Noted in the life of the child, and entered in other files and registers are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
- Sex, (State whether male or female) Female
- Race or color, (if not of the white race) White
- Date of Birth, Sept. 21st. 1888
- Place of Birth, (Street and Number) 1108 Central av
- Full Name of Mother, Mary Gehring
- Mother's Maiden Name, " Hartloft
- Mother's Birthplace, Baltimore
- Full Name of Father, Nicolas Gehring
- Father's Occupation, Laborer
- Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs M. A. Butt
- Address, 1245 Monument St. Central av
- Remarks, All Well

Noted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth 6198

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept. 22 - 1880

4. Place of Birth (Street and Number),

Comet Street

5. Full Name of Mother,

Agnia Cath. Julia Keller

6. Mother's Maiden Name,

Agnia Cath. Julia Wiltjen

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Henry Keller

9. Father's Occupation,

Bookster

10. Father's Birthplace,

Wrightsville Pipey Branch

Name of Medical Attendant, or other person who makes this Return.

Wm. Whitehead M.D. S.E.

Address,

6. S. Exeter Street

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept. 12th 1888

4. Place of Birth, (Street and Number)

435 Centre av

5. Full Name of Mother,

Gusta Mary Sebastian Hagenhack

6. Mother's Maiden Name,

Gusta Sebastian

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo. Hagenhack

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Butt

Address, 1245 Monument St. Baltimore

Remarks, All well

jected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 6200

Sex, (State whether male or female) male

Race or color, (if not of the white race) colord

Date of Birth, 22 sep 1888

Place of Birth, (Street and Number) 1041 S. Howard street

Full Name of Mother, Emma Morten

Mother's Maiden Name, Emma Savage

Mother's Birthplace, Virginia

Full Name of Father, James Sarge

Father's Occupation, Sailor

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Angeline Wilson

Address, 1041 S. Howard street

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

32

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 22, 88.

4. Place of Birth, (Street and Number)

123 Royce's Hill.

5. Full Name of Mother,

Clara Virginia Smith

6. Mother's Maiden Name,

Clara Virginia Albau

7. Mother's Birthplace,

Baltimore County, Md.

8. Full Name of Father,

John W. Smith.

9. Father's Occupation,

Blacksmith.

10. Father's Birthplace,

Maryland.

Name of Medical Attendant, or other person who makes this Return.

Chas. H. Mitchell

Address,

Box 6, Hampden P.O.

Remarks,



Tested to the tune of ten dollars for each of cake, will be received on other files and certificates are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 5202

Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, 23. of April 1888

4. Place of Birth, (Street and Number) 101 Morison alley

5. Full Name of Mother, Ellen Ebert

6. Mother's Maiden Name, Ellen Johnson

7. Mother's Birthplace, Chester town

8. Full Name of Father, Samuel C. Johnson

9. Father's Occupation, farmer

10. Father's Birthplace, Chester town

Name of Medical Attendant, or other person who makes this Return.

Angeline Wilson

Address, 1119. S. Howard street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in this section. If the child is not reported within the time specified, the Registrar of Vital Statistics shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth* *A 6203*
 Sex, (State whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *September 23rd, 1888*
 Place of Birth, (Street and Number) *1610 St Joseph St*
 Full Name of Mother, *Augusta St Fritsch*
 Mother's Maiden Name, *Paulsbury*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *George Fritsch*
 Father's Occupation, *Drayman*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *S. W. Feldner M.D.*
 Address, *1000 Franklin St*
 Remarks, *St. Joseph St*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6204

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth

Sept 24th 1888

4. Place of Birth, (Street and Number)

1787 Washington

5. Full Name of Mother,

Emma Hansen

6. Mother's Maiden Name,

" Erickson

7. Mother's Birthplace,

Decorah, Ia.

8. Full Name of Father,

Chas. J. Hansen

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Canada

Name of Medical Attendant, or other person who makes this Return.

Thaddeus Cook, M.D.

Address,

1111 N. Charles St. No. 1113

Remarks,

Penalty to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 2nd.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept 24

4. Place of Birth, (Street and Number) 77 East str.

5. Full Name of Mother Ida. Isaac

6. Mother's Maiden Name Ida. Brine

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Isaac

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Britton

Address 811 1/2 Jefferson St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Augusta Schalter Strube

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *September 24 1898*

4. Place of Birth, (Street and Number) *422 S Steicker St*

5. Full Name of Mother, *Annie Strube*

6. Mother's Maiden Name, *Annie Derby*

7. Mother's Birthplace, *Richmond*

8. Full Name of Father, *Dan Strube*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. O Dumax*

Address, *No 1927 W Lombard St*

Remarks, **GIVEN NAME ADDED.** *10 - 14 - 53*



LTM

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th 6207

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth

25th Sep

4. Place of Birth, (Street and Number)

14.17 Madison & Spring St

5. Full Name of Mother

Catherine Keleng

6. Mother's Maiden Name

" Wegand

7. Mother's Birthplace

Germany

8. Full Name of Father

Peter Keleng

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Groun

Address

1401 Bay St

Remarks

Printed to the fine of ten dollars for each offence, to be recovered as other hugs and fastidures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 28th 1888

4. Place of Birth, (Street and Number)

641 Eutaw Street

5. Full Name of Mother,

Antonia Rane

6. Mother's Maiden Name,

Antonia Herman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Albert Rane

9. Father's Occupation,

Dyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. A. M. Mergel

Address,

1507 Pennsylvania ave

Remarks,



Printed to the line of ten (10) dollars for each of these, to be received as other dues and collections are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6210

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 26 Sep

4. Place of Birth, (Street and Number) 156 1/2 Belair Ave

5. Full Name of Mother, Catherine Hammerwald

6. Mother's Maiden Name, " Metzger

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Hammerwald

9. Father's Occupation, Butler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Grooving

Address, 1901 N Bay St

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14 tenth

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

26th of August

A. 6211

4. Place of Birth, (Street and Number)

1320 Baker Street

5. Full Name of Mother,

Johanna Wilt

6. Mother's Maiden Name,

Johanna Seider

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Christian Wilt

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

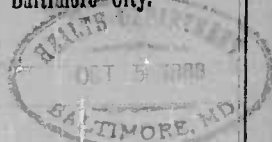
Name of Medical Attendant, or other person who makes this Return.

Mrs. H. Muenzsch

Address,

1508 Pennsylvania Avenue

Remarks,



any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 6212
Sex, (state whether male or female) male
2. Race or color, (if not of the white race). white
3. Date of Birth Baltimore Sep 26
4. Place of Birth, (Street and Number) Boyd street No 1000
5. Full Name of Mother, Esther Brown
6. Mother's Maiden Name, Esther King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thimothy Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell
Address, No 112 Calhoun street
Remarks, Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A 6213*

Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Sept 27th 1888*

4. Place of Birth (Street and Number), *Arlington & Edmondson Av*

5. Full Name of Mother, *Leah W Barron*

6. Mother's Maiden Name, *Barfield*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Roger W. Barron*

9. Father's Occupation, *Produce Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *E. M. Lee M.D.*

Address, *602 N Carey St*

Remarks, *Breach presentation - Child living*

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 6214

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, September 27th 1888

4. Place of Birth, (Street and Number) Baltimore 1126 Saratoga St.

5. Full Name of Mother, Emma Higgle

6. Mother's Maiden Name, Emma High

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Higgle

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, 1126 Baltimore Street Baltimore

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c) 1st A. 5215

1. Sex, (state whether male or female) girl

2. Race or color, (if not of the white race) white

3. Date of Birth, September 28th 1888

4. Place of Birth, (Street and Number) Baltimore - Poppleton St 1028

5. Full Name of Mother, Ellen Abult

6. Mother's Maiden Name, Ellen Sweet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Abult

9. Father's Occupation, machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Witenels

Address, No 112 Callender Street

Remarks, Baltimore

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6216

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 28th - 1884

4. Place of Birth, (Street and Number)

1016 N Franklin St

5. Full Name of Mother

Mrs. W. Young

6. Mother's Maiden Name

Shepard

7. Mother's Birthplace

Ohio

8. Full Name of Father

Mr. J. H. Young

9. Father's Occupation

Mechanic

10. Father's Birthplace

Ohio

Name of Medical Attendant, or other Person who makes this Return

W. B. McKim

Address

1401 Linden Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children. A 5217*
1. Sex (state whether male or female), *Female.*
2. Race or Color (if not of the white race), *Colored race.*
3. Date of Birth, *Sept 29th 1888.*
4. Place of Birth (Street and Number), *Balto 212 Gasper st.*
5. Full Name of Mother, *Louisa C Gray*
6. Mother's Maiden Name, *Louisa C Stevenson*
7. Mother's Birthplace, *Winchester Frederick ct Va*
8. Full Name of Father, *John Gray*
9. Father's Occupation, *Lumber Piler*
10. Father's Birthplace, *Winchester Frederick ct Va*
- Name of Medical Attendant, or other person who makes this Return. *Flannce Meyers*
- Address, *22 Barnet Street*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8 5218

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

white

3. Date of Birth,

September 29th 1888

4. Place of Birth, (Street and Number)

Parkin Street 1050

5. Full Name of Mother,

Lottie Mills

6. Mother's Maiden Name,

Lottie Clements

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Mills

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Catharine Mitchell

Address,

No. 112 Calender Street

Remarks,

Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6017

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 29 September

4. Place of Birth, (Street and Number) 904 North Howard St

5. Full Name of Mother, Elsie Nelson

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Slater

9. Father's Occupation, Coachman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M Banks

Address, 904 North Howard St

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 2220*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth *Sept 29th*
4. Place of Birth, (Street and Number) *547 Fullon Ave*
5. Full Name of Mother *~~Robert~~ Emma Helen E. Harris*
6. Mother's Maiden Name *Helen E. Jordan*
7. Mother's Birthplace *Carroll County Md*
8. Full Name of Father *Geo E Harris*
9. Father's Occupation *Clerk*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other person who makes this return. *Geo E Harris M.D.*
- Address *547 Fullon Ave*
- Remarks *City*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A. 6221

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

864 Pierce St

4. Place of Birth, (Street and Number)

Sept 30, 1888

5. Full Name of Mother,

Mary Brown

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

William Brown

8. Full Name of Father,

John Brown

9. Father's Occupation,

John Brown

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 6222

1. Sex, (state whether male or female) Levin, on Female + on Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 28/88

4. Place of Birth, (Street and Number) 117 St Bond

5. Full Name of Mother, Sarah J. Tankisley

6. Mother's Maiden Name, " " Shaffer

7. Mother's Birthplace, Bald. City

8. Full Name of Father, William J. Tankisley

9. Father's Occupation, Mariner

10. Father's Birthplace, Va.

Name of Medical Attendant, R. W. Mansfield M.D.
or other Person who makes this return.

Address, 129 Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *twins* *A 1223*

Sex, (State whether male or female) *boy & girl*

2. Race or color, (if not of the white race) *colored*

3. Date of Birth, *11 of September 1888*

4. Place of Birth, (Street and Number) *436 Henrietta street*

5. Full Name of Mother, *Henrietta Smith*

6. Mother's Maiden Name, *Henrietta Knox*

7. Mother's Birthplace, *B. allott County*

8. Full Name of Father, *John Knox*

9. Father's Occupation, *Sailman*

10. Father's Birthplace, *Calbot County*

Name of Medical Attendant, or other person who makes this Return, *Angelina Wilson*

Address, *1019 South Howard street*

Remarks, _____

any and all persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first A 1224*
1. Sex, (State whether male or female) *girl*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *September 2 1888*
4. Place of Birth, (Street and Number) *Eastern Road 23*
5. Full Name of Mother, *Anna Russell*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Mexico*
8. Full Name of Father, *George Waters*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *North Carolina*
- Name of Medical Attendant, or other person who makes this Return, *Martha Campbell*
- Address, *no 12 B & E*
- Remarks, _____

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 6225

1. Sex, (State whether male or female)

boy

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

22th September

4. Place of Birth, (Street and Number)

20 East W. coast

5. Full Name of Mother,

Lester Yorkins

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Rich Thomas

9. Father's Occupation,

Laborer

Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return.

Martha Campbell

Address,

No 12 St. Rd

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th and 7th B 1226

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 23rd 1888

4. Place of Birth, (Street and Number) 1109 Enoch St.

5. Full Name of Mother, Cecelia Maguire

6. Mother's Maiden Name, " Hopkins

7. Mother's Birthplace, City

8. Full Name of Father, John Maguire

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Hewby, M.D.

Address, 1201 N. Eden St.

Remarks, Twins

report to the Commissioner of Health, in the manner and within the period of time required, and for each offense shall be subject to the fine of ten (10) dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d A 5227

1. Sex, (state whether ~~male~~ or female)

2. Race or ~~Color~~, (if not of the white race)

3. Date of Birth,

Sept-24-6

4. Place of Birth, (Street and Number)

581 Monroe St - Balt

5. Full Name of Mother,

Carrie May Turner

6. Mother's Maiden Name,

Carrie May Chapman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles C. Turner

9. Father's Occupation,

Stone Builder

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

L. C. O'Neil M. D.

Address,

1320 N. Lincoln St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 13th A 6228

Sex, (state whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, Sept 29

Place of Birth, (Street and Number) 1136 Pratt St

Full Name of Mother, Margaret Hoorn

Mother's Maiden Name, " Wallerhan

Mother's Birthplace, Baltimore

Full Name of Father, Petrick Hoorn

Father's Occupation, Laborer

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this return, Mrs Mary Morgan

Address, 412 Scott St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as civil damages and judgments are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10* *6229*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept 29th*

4. Place of Birth, (Street and Number) *309 Poppleton St*

5. Full Name of Mother, *Catherine Joyce*

6. Mother's Maiden Name, *Welch*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Terence Joyce*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return. *Mrs Mary Morgan*

Address, *412 Scott St*

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who furnishes false information, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court. This section shall be subject to the provisions of the Act of the General Assembly of 1890, relating to the collection of fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A 6230
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 29 1898
4. Place of Birth, (Street and Number) 1127 Waverly St
5. Full Name of Mother, Ella Hurdeley
6. Mother's Maiden Name, Ella Gray
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Hurdeley
9. Father's Occupation, Writer
10. Father's Birthplace, Cincinnati Ohio
Name of Medical Attendant, or other Person who makes this Return. Darrah C. Webb
Address, 213 Latimer St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 5231*

Sex, (state whether male or female) *Female*

Race or color, (if not of the white race) *White*

Date of Birth, *Feb 9, 30, 11*

Place of Birth, (Street and Number) *1945 Madison St*

Full Name of Mother, *Susan Miller*

Mother's Maiden Name, *Susan Miller*

Mother's Birthplace, *Balto.*

Full Name of Father, *Henry Lanson Allen*

Father's Occupation, *Builder*

Father's Birthplace, *Balto. County*

Name of Medical Attendant, or other person who makes this Return, *Mary L. Landon*

Address, *721 Queen St.*

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third A. 6232*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *September 30th 1888*

Place of Birth, (Street and Number) *606 Garsuch Ave. Haverhill*

Full Name of Mother, *Maggie J. Curran*

Mother's Maiden Name, *Maggie J. Thompson*

Mother's Birthplace, *Philadelphia Pa.*

Full Name of Father, *Wm H. Curran*

Father's Occupation, *Carpenter*

Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *R. G. Station*

Address, *1341 N. Central Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A 6283

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 25th 1888

4. Place of Birth, (Street and Number)

805 N. Schroeder St

5. Full Name of Mother,

Mary E. Lacy

6. Mother's Maiden Name,

W. W. Walker

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Thomas Lacy

9. Father's Occupation,

Farmer

Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other person who makes this Return.

Wm. L. Linnell

Address,

217 N. Schroeder St.

Remarks,

any such person of the sum of ten dollars for each offence, to be recovered as other fines and penalties are.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 6284

1. Sex, (State whether male or female)

Female
White

2. Race or color, (if not of the white race)

3. Date of Birth.

Sept 11

1888

4. Place of Birth, (Street and Number)

1605 North Calhoun Street

5. Full Name of Mother,

Mary Eva Miller

6. Mother's Maiden Name,

Mary Eva Elvers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph K. Under

9. Father's Occupation,

Street Car Driver

10. Father's Birthplace,

Berk County Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

W. S. Sumner

Address,

217 N. Seneca St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19th A 6235

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, September 14th

4. Place of Birth, (Street and Number) 900 West Lombard St

5. Full Name of Mother, Johnnie Marie Bair

6. Mother's Maiden Name, Marionne Wilson

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John J. Bair

9. Father's Occupation, Sailor

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. D. Miller

Address, 211 N. School St.

Remarks,

any such person or persons who shall willfully neglect to file this return, or who shall willfully falsify the same, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A 6236
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 16th 1888
4. Place of Birth, (Street and Number) 1320 Holland St
5. Full Name of Mother, Henrietta Mitnick
6. Mother's Maiden Name, E. Erlanger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph S. Mitnick
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore Md.
11. Name of Medical Attendant, or other Person who make this Return. Dr. E. Crook
- Address, 1519 E. Baltimore St
- Remarks,

for each office to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Charlotte Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

6237

Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race)

3. Date of Birth,

September 18th - 1888

4. Place of Birth, (Street and Number)

717 W. Pratt St

5. Full Name of Mother,

Matilde Pauline Schmidt

6. Mother's Maiden Name,

Benashky

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Henry Schmidt

9. Father's Occupation,

Grocery Clerk

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. J. J. Sander

Address,

217 N. Sander St

Remarks, **CITY NAME ADDED** *8-13-53*

L.M.

Any child born of persons who have been married for each other, to be received in other forms and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Stephen Rathman*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth A 6238*
 Sex, (State whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *Wednesday Sept. 19th 1888*
 Place of Birth, (Street and Number) *Baltimore City 745 1/2 N. Saratoga St.*
 Full Name of Mother, *Mary Virginia (Rathman) Rathman*
 Mother's Maiden Name, *Mary Virginia (Straney) Straney*
 Mother's Birthplace, *Richmond, Va.*
 Full Name of Father, *Henry (Rathman) Rathman*
 Father's Occupation, *Machinist*
 Father's Birthplace, *Baltimore City Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Danner*
 Address, *217 N. Schenck St.*
 Remarks,

Any person or persons who shall register and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other than and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Emma Louise Have

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

80 H

A 6237

Sex, (State whether male or female). Male and Female

2. Race or color, (if not of the white race) White American

3. Date of Birth, 29 H September 1888

4. Place of Birth, (Street and Number) Baltimore City 12905 Annapolis St.

5. Full Name of Mother, Mrs. Mary Have

6. Mother's Maiden Name, Miss Mary Have

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Henry Have

9. Father's Occupation, Artist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Miller

Address, 217 N. Schroeder St.

Remarks,

Only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 6240

Sex, (State whether male or female) male

Race or color, (if not of the white race) Colored

Date of Birth. Sept 8th 1885

Place of Birth, (Street and Number) Fredricks Gerette

Full Name of Mother. Fredricks Anderson

Mother's Maiden Name. 1916 King street

Mother's Birthplace, Maryland

Full Name of Father, John W. Gerette

Father's Occupation, Drayman

Father's Birthplace, Beltz and

Name of Medical Attendant, or other person who makes this Return. Flater Coeince

Address, 508 Preston St

Remarks,

any death percent or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense and to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each child not so recovered as agher fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* A 6241
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *4 September*
4. Place of Birth, (Street and Number) *905 Harrison Allen*
5. Full Name of Mother, *Maria Lehmann*
6. Mother's Maiden Name, *= Lachau*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Albert Lehmann*
9. Father's Occupation, *Labeln*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other person who makes this return, *Mrs E. Weiss*
- Address, *2524 Lancaster St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A 6243

Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *7 September*

4. Place of Birth, (Street and Number) *Rose Street*

5. Full Name of Mother, *Anna Sammet*

6. Mother's Maiden Name, *= Wackiter*

7. Mother's Birthplace, *Regio Bavaria*

8. Full Name of Father, *Georg Sammet*

9. Father's Occupation, *Labeln*

Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other person who makes this Return *Mrs. E. Weiss*

Address, *2524 Lancaster St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third A 62214*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White Irish decent American

3. Date of Birth,

September 1

4. Place of Birth (Street and Number),

Baltimore 6 E York St

5. Full Name of Mother,

Jane Burns

6. Mother's Maiden Name,

Jane Harmon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Burns

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Ann. Taylor

Address,

41 Guilford Alley

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

chief to report its status to the Commission. If the Commission determines that any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$10,000 and shall be liable to the payment of a civil penalty of not more than \$10,000 for each day that such person or persons shall be in violation of this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$10,000 and shall be liable to the payment of a civil penalty of not more than \$10,000 for each day that such person or persons shall be in violation of this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$10,000 and shall be liable to the payment of a civil penalty of not more than \$10,000 for each day that such person or persons shall be in violation of this section.

Sol. Jerome Myerberg.

3 1 0 0 0 624/15

- TIME ADDED

JOURNAL OF A DISTILL

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

6. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd (Still birth)* A 6246
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 11th 1889*
4. Place of Birth (Street and Number) *202 South Hollington Ave*
5. Full Name of Mother *Sallie Wiley*
6. Mother's Maiden Name *Sallie Thomas*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Wiley*
9. Father's Occupation *Superintendent of Manufactory*
10. Father's Birthplace *Sept 11th 1889*
- Name of Medical Attendant, or other Person who makes this Return. *L. H. Wagon*
- Address *10074 N. Guilford St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *6247*
- Sex, (State whether male or female) *Male*
- Race or color, (if not of the white race) *White*
- Date of Birth, *Sept. 12th 1888*
- Place of Birth, (Street and Number) *#220 St. Charles St*
- Full Name of Mother, *Mary Michael*
- Mother's Maiden Name, *Clarity*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Frank Michael*
- Father's Occupation, *Sailor*
- Father's Birthplace, *Washington D. C.*
- Name of Medical Attendant, *Dr. J. B. Williams*
or other person who makes this Return.
- Address, *Decatur St. Baltimore*
- Remarks, _____

child to register the birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A 6245

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Sept. 13th 1885*

4. Place of Birth, (Street and Number) *415 22 Baltimore Ave.*

5. Full Name of Mother, *Ernestine Bannenschmidt*

6. Mother's Maiden Name, *Hess*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *John Bannenschmidt*

9. Father's Occupation, *Brewer*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Anna H. Vesper*

Address, *1038 E. 11th Street*

Remarks,

child to report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, Baltimore City, and to be registered in the fine of \$10 (ten dollars) for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The first - A 6249

Sex. (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

13th of September

4. Place of Birth, (Street and Number)

1218 Harrison Street

5. Full Name of Mother,

Catherine Frances Thomas Brown

6. Mother's Maiden Name,

Catherine Frances Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Brown

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

K. Ester Spence

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as such fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

A. 6250

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept 10th 1885

4. Place of Birth, (Street and Number)

#1734 Bond St.

5. Full Name of Mother,

Harry J. Adams

6. Mother's Maiden Name,

W. Duff

7. Mother's Birthplace,

Balto Md.

8. Full Name of Father,

Samuel J. Adams

9. Father's Occupation,

Ice gatherer

10. Father's Birthplace,

Balto Md.

Name of Medical Attendant,

or other person who makes this Return.

Dr. Henry H. H. H.

Address,

#1734 Bond St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 6257

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth. Sept. 1st 1885

4. Place of Birth, (Street and Number) #1518 Madison St

5. Full Name of Mother, Ruth H. Walch

6. Mother's Maiden Name, Pauline

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Walch

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary A. Hillebrand

Address, 74038 St. Lawrence St

Remarks, --

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

A 6252

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White, Hebrew

3. Date of Birth,

Sept. 23, 1888

4. Place of Birth, (Street and Number)

941 W. Fayette St.

5. Full Name of Mother,

Louisa Wiener Lissauer

6. Mother's Maiden Name,

Louisa Wiener

7. Mother's Birthplace,

Bach. City

8. Full Name of Father,

Maurice Lissauer

9. Father's Occupation,

Salesman

10. Father's Birthplace,

U.S.

Name of Medical Attendant, or other Person who makes this Return

R. W. Wiffliu M.D.
425 W. Fayette St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A. 62

1. Sex, (~~state whether male or female~~)
 2. Race or Color, (if not of the white race) *W.*
 3. Date of Birth, *Sept. 24th 1888*
 4. Place of Birth, (Street and Number) *Bartlett St - near Dunbar Lane*
 5. Full Name of Mother, *Mary M. Harrison (widow)*
 6. Mother's Maiden Name, *" " Lacbett*
 7. Mother's Birthplace, *Charles Co - Md -*
 8. Full Name of Father, *John Thomas Harrison*
 9. Father's Occupation, *Rail Roading*
 10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *A. G. Horn*
- Address, *713 York Road*
- Remarks, *Mrs Harrison Child Feb. 24-1888 -*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

to report in truth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

A. 62

1. Sex, State whether male or female *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *25 September*

4. Place of Birth, (Street and Number) *2819 Odonell St.*

5. Full Name of Mother, *Bertha Glesse*

6. Mother's Maiden Name, *Bertha Putzwall*

7. Mother's Birthplace, *Pommern Germ.*

8. Full Name of Father, *Wilhelm Glesse*

9. Father's Occupation, *Karpenter*

10. Father's Birthplace, *Pommern Germ.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. E. Weiss*

Address, *2524 Lancaster St.*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 1st Child A 6256
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth..... September 25th 1888
4. Place of Birth, (Street and Number)..... Balto Jenkins Lane
5. Full Name of Mother,..... Emma J. Albin
6. Mother's Maiden Name,..... Emma J. Baldwin
7. Mother's Birthplace,..... Baltimore
8. Full Name of Father,..... Henry Carlin
9. Father's Occupation,..... Butcher
10. Father's Birthplace,..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return,..... Catharine M. Redfern
- Address,..... 1503 Orleans St.
- Remarks,.....

Missing #A 6256 - #A 6269, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined not less than \$10 nor more than \$50, or imprisoned not less than 10 days nor more than 30 days, or both, at the discretion of the court, and the costs of this proceeding shall be paid by the person or persons so convicted.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3-2 6270
Male
W.

Sept. 21 A. 1888

1819 Naneman Ave

Kate Kunz

Kunz

Masch

Bohemia

Frank Kunz

Taylor

Bohemia

Josephine (Purd)
1620 Barnes St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 - 6271

1. Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race)

W.

3. Date of Birth,

Sept. 22 - 5 1888

4. Place of Birth, (Street and Number)

1003 N. Gallatin St

5. Full Name of Mother,

Mary

Maria

6. Mother's Maiden Name,

" "

Messersmith

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Adolph Maria Taylor

9. Father's Occupation,

Bohemia

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad
1621 Barnes

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

penalty with the provisions of this section shall be sub-
jected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 A 6272

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) W.

3. Date of Birth, Sept. 25th 1888

4. Place of Birth, (Street and Number) 1636 Barnes St

5. Full Name of Mother, Anne ~~Reuter~~ Kreuter

6. Mother's Maiden Name, Mash

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Kreuter

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Josephine Conrad or other person who makes this return.

Address, 1621 Barnes

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 6,273
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept-26th 1888
4. Place of Birth, (Street and Number) 820 N. Conn St
5. Full Name of Mother, Maggie Kelly
6. Mother's Maiden Name, Kallahan
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, J. J. Kelly
9. Father's Occupation, Printer
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, M. B. Billingsley M.D.
or other Person who makes this Return.
- Address, 1206 E. Vester St
- Remarks,

For each offense to be recorded on other lines and forfeitures are recoverable.

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 6274

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

W

3. Date of Birth,

Sept. 29 - 1888

4. Place of Birth, (Street and Number)

1630 Abbott St.

5. Full Name of Mother,

Kate Daff

6. Mother's Maiden Name,

Kate Vader

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Daff

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Josephine Conrad
1620 Barnes

Remarks,

(Ct)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

A. 6275

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

30th Sept. 1888

4. Place of Birth, (Street and Number)

311 S. Ann St.

5. Full Name of Mother,

Mary Agnes Peak

6. Mother's Maiden Name,

Sword

7. Mother's Birthplace,

City

8. Full Name of Father,

Engine Bennett Peak

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return.

E. P. Prouse M.D.

Address, 1825 E. Balt. St.

Remarks, This was overlooked on the first of this month, or it would have been reported. E. P. P.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 6278

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 1 Sept 88

4. Place of Birth, (Street and Number) 18 Chapel St

5. Full Name of Mother, Josephine Jang

6. Mother's Maiden Name, Jang

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhard Jang

9. Father's Occupation, Butcher

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Mary Koptist

Address, 27 of Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th* *3 6277*
 1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *Sept 2, 1888*
 4. Place of Birth, (Street and Number) *1824 Samuel Hall ave.*
 5. Full Name of Mother, *Harriet Bennett*
 6. Mother's Maiden Name, *Royston*
 7. Mother's Birthplace, *Va*
 8. Full Name of Father, *Lewis H Bennett*
 9. Father's Occupation, *Plumber*
 10. Father's Birthplace, *Md*
 Name of Medical Attendant, or other person who makes this Return. *G. Lane Danvers*
 Address, *922 Madison ave*
 Remarks, *Mooh presentation - all night labor. Chloroform version - child ^{lived} & mother recovered.*

fect to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 6278
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) wht
3. Date of Birth, Sept 6. 1888
4. Place of Birth, (Street and Number) 515 E. Eager
5. Full Name of Mother, Eloua Leury
6. Mother's Maiden Name, Slasman
7. Mother's Birthplace, Md
8. Full Name of Father, Wm John Leury
9. Father's Occupation, car driver
10. Father's Birthplace, Md
- Name of Medical Attendant, or other person who makes this Return, G Laure Tanyshen
- Address, 922 Madison ave
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

6279

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 10th 1888

4. Place of Birth, (Street and Number)

1028 Valley St.

5. Full Name of Mother,

May Vogler,

6. Mother's Maiden Name,

May Russell

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Chas. E. Vogler,

9. Father's Occupation,

Traveling Salesman,

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Wm. B. B. B. B. B.

Address,

Chas. St. & Forest Plac.

Remarks,

RETURN OF A BIRTH

DATE 1888

65-14-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary C. Hiss
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 6280*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *wht.*

3. Date of Birth, *Sept 11. 1888*

4. Place of Birth, (Street and Number) *1302 Madison ave*

5. Full Name of Mother, *Lillian Hiss*

6. Mother's Maiden Name, *Lochran*

7. Mother's Birthplace, *md*

8. Full Name of Father, *John C. Hiss*

9. Father's Occupation, *merchant*

10. Father's Birthplace, *md*

Name of Medical Attendant, or other person who makes this Return, *G Lane Taneyhill*

Address, *922 Madison ave*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 6281*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *wht*
3. Date of Birth, *Sept. 15. 1888*
4. Place of Birth, (Street and Number) *1018 N. Eutanw st.*
5. Full Name of Mother, *Hattie H. Gildia*
6. Mother's Maiden Name, *Abell*
7. Mother's Birthplace, *md*
8. Full Name of Father, *Saml B. Gildia*
9. Father's Occupation, *Paper hanger*
10. Father's Birthplace, *md*
11. Name of Medical Attendant, or other person who makes this Return. *G. Lane Janybell*
- Address, *922 Mads. ave.*
- Remarks, *Breech presentation: premature rupture of waters
no chloroform: no version - child born alive.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* A 6282

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Sept 15th 1888*

4. Place of Birth, (Street and Number) *1712 I. M. Ave*

5. Full Name of Mother, *Ann C. Braden*

6. Mother's Maiden Name, *Garity*

7. Mother's Birthplace, *Bath*

8. Full Name of Father, *Cliff Braden*

9. Father's Occupation, *Car-inspector*

10. Father's Birthplace, *Bath*

Name of Medical Attendant, or other person who makes this Return, *Dr. Reynolds M.D.*

Address, *111 N. Calvert St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 6283*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race)
3. Date of Birth, *Dec 18th 1888*
4. Place of Birth, (Street and Number) *831 Madison Ave*
5. Full Name of Mother, *Name is Maggie O'Neil*
6. Mother's Maiden Name, *do*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John M. Hughes*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *George Reynolds*
- Address, *711 W. Calvert St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (State whether male or female)

Female
W.

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept. 18 - 18

4. Place of Birth, (Street and Number)

711 N. Spring

5. Full Name of Mother,

Mary Conrad
Petrik

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Conrad
Lahor

9. Father's Occupation,

Bohemia

10. Father's Birthplace,

Josephine
1620

Name of Medical Attendant, or other person who makes this Return.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 6284

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Sept 19th 1888

4. Place of Birth, (Street and Number)

232 Richmond St

5. Full Name of Mother,

Mary Richard

6. Mother's Maiden Name,

Graden

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John D. Richard

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Calts

Name of Medical Attendant, or other person who makes this Return.

Geo. H. H. H. H. H.

Address,

711 1st Calvert St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* *A 6285*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *25 Sept 1888*
4. Place of Birth, (Street and Number) *945 Dallas st*
5. Full Name of Mother, *Anna Krugy*
6. Mother's Maiden Name, *Darimova*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *John Krugy*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return. *Mary Kipter*
- Address, *207 Ch Marlboro st*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd, A. 6286*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Thursday September 27th 1888*

4. Place of Birth, (Street and Number) *1011 N. Broadway*

5. Full Name of Mother, *Elizabeth Welch*

6. Mother's Maiden Name, *Elizabeth Spencer*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Robert M. Welch*

9. Father's Occupation, *Bookkeeper*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *William Brinton MD*

Address, *Chas. St. + Transit Place*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 6287

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 27 Sept 1888

4. Place of Birth, (Street and Number) 422 Castle St

5. Full Name of Mother, Mary Kunkle

6. Mother's Maiden Name, Kunkle

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Kunkle

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary R. R. R.

Address, 207 of M. M. M. St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.* *A. 6288*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Friday Sept. 28th. 1888*

4. Place of Birth, (Street and Number) *1321 Homewood Ave.*

5. Full Name of Mother, *Marie Price*

6. Mother's Maiden Name, *Marie Younger*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *James R. Price,*

9. Father's Occupation, *clock*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Wm. Brinton M.D.*

Address, *Ches. St. + Turner's Place*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 6289

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 28 Sept 1888

4. Place of Birth, (Street and Number) 106 Durham st

5. Full Name of Mother, Mary Faler

6. Mother's Maiden Name, Faler

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Faler

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Reptick

Address, 207 of Washington st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

A 6290

1. Sex, (State whether male or female) Boy

2. Race or color, (if not of the white race) White

3. Date of Birth, 28 Sept 1888

4. Place of Birth, (Street and Number) 200 South St

5. Full Name of Mother, Josephine Gostroke

6. Mother's Maiden Name, Brook

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Gostroke

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Chas. Koptist

Address, 207 Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A 6291

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 29 Sept 189

4. Place of Birth, (Street and Number) 1720 James St

5. Full Name of Mother, Mary Klieman

6. Mother's Maiden Name, Klieman

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Klieman

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Rappist

Address, 287 W. Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 6292

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 1/86

4. Place of Birth (Street and Number),

1526 Montross St

5. Full Name of Mother,

Sylvia Haschen

6. Mother's Maiden Name,

Landigan

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Geo Haschen

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Geo D Blackman

Address,

602 S Paca St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A. 8293*

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 4 88

4. Place of Birth, (Street and Number)

1519 E. Preston St.

5. Full Name of Mother,

Julia Marshall

6. Mother's Maiden Name,

" Vansant.

7. Mother's Birthplace,

Md.

8. Full Name of Father,

A. Marshall

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Md.

Name of Medical Attendant, or other person who makes this Return.

J. H. Robinson M.D.
725 Everett Ave

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

6294

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Sept. 6th

4. Place of Birth, (Street and Number)

1024 Ridgely St.

5. Full Name of Mother,

Mary Quinn

6. Mother's Maiden Name,

" Marr

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Arnold Quinn

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

C. F. Braddock

Address,

418 S. Paca St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 6295

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 7/88

4. Place of Birth (Street and Number),

872 Columbia St

5. Full Name of Mother,

Sarah C. Melvin

6. Mother's Maiden Name,

Stallings

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm Melvin

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

Dr W Blake M

Address,

402 S Paca, Md

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three 6296*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth. *September 8th 1889*

4. Place of Birth. (Street and Number) *No 658 Drexel St*

5. Full Name of Mother, *Mrs. S. H. Harney*

6. Mother's Maiden Name, *Mrs. Sophia Holman*

7. Mother's Birthplace, *Camdenland N. D.*

8. Full Name of Father, *J. H. Harney*

9. Father's Occupation, *Labrer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *Mrs Seebach*

Address, *735 N. Pratt St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A 6297

1. Sex (state whether male or female),

Female

2. Race or Color, (if not of the white race),

White

3. Date of Birth,

Sept 8 / 88

4. Place of Birth (Street and Number),

603 S. Armont, D

5. Full Name of Mother,

Emma Lee Starrs

6. Mother's Maiden Name,

Sheppard

7. Mother's Birthplace,

City

8. Full Name of Father,

Geo. A. Starrs

9. Father's Occupation,

Watchman

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

Geo. D. Blade m

Address,

603 S. Armont

Remarks,

for each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 6298

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Sept 12/88

4. Place of Birth (Street and Number),

635 W Baltimore St

5. Full Name of Mother,

Julia A Woodall

6. Mother's Maiden Name,

Berkey

7. Mother's Birthplace,

City
Wm Woodall

8. Full Name of Father,

Carpenter

9. Father's Occupation,

10. Father's Birthplace,

City
Dr. J. B. Blaise

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6299

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept 13 1885

4. Place of Birth (Street and Number),

847 Woodward St

5. Full Name of Mother,

Bertha Smouse

6. Mother's Maiden Name,

W. Fitzer

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Geo Smouse

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return.

Dr. A. B. Blackman

Address,

602 N. Paca St

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

Missing #A 6300 - #A 6373, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A-6371

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct 1st 1888

4. Place of Birth, (Street and Number)

1310 Rutin street

Full Name of Mother,

Elizabet Williams

Mother's Maiden Name,

Elizabet Harris

Mother's Birthplace,

Jennin Williams

Full Name of Father,

Charles Cunningham

Father's Occupation,

Waiter

Mother's Birthplace,

Charles Co. Md

Name of Medical Attendant, or other person who makes this Return.

Hester Colance

Address,

509 Rutin

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6A 6372

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

October 1/88

4. Place of Birth, (Street and Number)

N^o 426 S. Eden St.

5. Full Name of Mother,

Emilie Rieke

6. Mother's Maiden Name,

Köhler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Rieke

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6373
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Oct 1st
4. Place of Birth, (Street and Number) 639 W. Lombard St
5. Full Name of Mother Ellen Spencer
6. Mother's Maiden Name Ellen Healey
7. Mother's Birthplace Va
8. Full Name of Father William M Spencer
9. Father's Occupation Salesman
10. Father's Birthplace Va
- Name of Medical Attendant, or other person who makes this return J. K. Wiley M.D.
- Address 724 N. Center St
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A 56374*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 1st 1888*
4. Place of Birth (Street and Number) *Cordway Ave Georgetown City*
5. Full Name of Mother *Sarah Jenkins*
6. Mother's Maiden Name *Sarah Lumpkin*
7. Mother's Birthplace *St. Va.*
8. Full Name of Father *Richard Jenkins*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other person who made this Return *H. S. Corse M.D.*
- Address *Gardenville Md.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

7th

A

1370

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 1 1885

4. Place of Birth, (Street and Number)

303 Gough St.

5. Full Name of Mother,

Emma Baker

6. Mother's Maiden Name,

Emma Frederick

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

George Hall

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other person who makes this Return,

Harry H. Mason

Address,

72 Lexington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Moore
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A 6376*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct-1st 1888*

4. Place of Birth, (Street and Number) *2122 Fairmount Ave*

5. Full Name of Mother, *Rosa Moore*

6. Mother's Maiden Name, *Rosa Davis*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *James W Moore*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Washington DC*

Name of Medical Attendant, or other Person who makes this Return. *J T Spierdall M.D.*

Address, *No 6 N Patterson St Ave*

Remarks, *SIXER NAME ADDED 5-17-54*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child

1. Sex, (State whether male or female)

Little girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth

Born Oct 1st 1888

4. Place of Birth, (Street and Number)

No 2103 Frederick ave

5. Full Name of Mother,

Mrs Garman

6. Mother's Maiden Name,

Miss Bridget German

7. Mother's Birthplace,

Richmond

8. Full Name of Father,

Mr Horaci Garman

9. Father's Occupation,

Clerk

10. Mother's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Mr Hiller

Address,

2127 West Pratt

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) / 1st A 6378
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, October 1st 1888
4. Place of Birth, (Street and Number) Granby st.
5. Full Name of Mother, Leah Klawansky
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, David Klawansky
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe
- Name of Medical Attendant, Mrs. C. Bernstein
or other person who makes this Return.
- Address, 122 S. Euter st.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd 2379

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 1st 1888

4. Place of Birth, (Street and Number)

812 Bedford av

5. Full Name of Mother,

Eliaphah Gessner

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Joseph F Gessner

9. Father's Occupation,

Brush Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Warden

Address,

936 Greenmount av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(over)
(over)

1. Name of child: *Laura V. Murphy*

2. Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* ~~Child~~ *6380*

3. Sex, (state whether male or female) *(Male)* Female

4. Race or color, (if not of the white race)

5. Date of Birth, *Oct 1 1888.*

6. Place of Birth, (Street and Number) *760 St Peter st.*

7. Full Name of Mother, *Anna Murphy*

8. Mother's Maiden Name, *Zeller*

9. Mother's Birthplace, *America*

10. Full Name of Father, *Jim Murphy*

11. Father's Occupation, *Laborer*

12. Father's Birthplace, *America*

Name of Medical Attendant, or other person who makes this Return. *J. Lohwasser Midwife.*

Address, *1032 Hanover st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child 6381
Male.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 1 — 1888.

4. Place of Birth, (Street and Number)

6 East Cross st

5. Full Name of Mother,

Julie Schierholz
Weigert.

6. Mother's Maiden Name,

America.

7. Mother's Birthplace,

William Schierholz

8. Full Name of Father,

Cigar maker.

9. Father's Occupation,

Germany.

10. Father's Birthplace,

J. Lohwasser Midwife.
1032 Hanover st.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Anna Jane Linton
of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

A 6382

Sex, (state whether male or female)...

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Oct 1st 1888

Place of Birth, (Street and Number)

1223 W Lombard

Full Name of Mother,

Mary E Linton

Mother's Maiden Name,

Is Janet

Mother's Birthplace,

Ind

Full Name of Father,

Jos T. Linton

Father's Occupation,

Engineer

Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

Dr. Frank Linn

Address,

528 W Annapolis Ave

Remarks,

GIVEN NAME ADDED.

6-17-93

L.W.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Harrison Morten Bauer*

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4-6383

1. Sex. (state whether male or female)

Male

2. Race or color. (if not of the white race)

3. Date of Birth,

October 2/88

4. Place of Birth, (Street and Number)

No 1020 Eastern Ave

5. Full Name of Mother,

Barbara Bauer

6. Mother's Maiden Name,

Kramer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Bauer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Louise Kraft

Address,

No 406 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6 Child. 1384

1. (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 2, 1888.

4. Place of Birth, (Street and Number)

1512 Battery Av.

5. Full Name of Mother,

Caroline Chittner

6. Mother's Maiden Name,

Grimm

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John A. Chittner

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schwass. Midwife.
1032 Hanover st

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7¹² A 6386

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 20/81

4. Place of Birth, (Street and Number)

213 Myrtle Ave

5. Full Name of Mother,

Laura V. Mills

6. Mother's Maiden Name,

Winters

7. Mother's Birthplace,

Manchester, Md.

8. Full Name of Father,

Geo. B. Mills

9. Father's Occupation,

Wagon Master B & O RR

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

D. L. Spencer M.D.
850 W. Lombard St

Remarks,

GIVEN NAME ABOVE 10-10-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Florence Kerl*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* A. *0386*
1. Sex, (state whether male or female) *Female*
2. ☒ Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 2nd 1888*
4. Place of Birth, (Street and Number) *523 4th Ave 22nd Ward*
5. Full Name of Mother, *Ellen Kerl*
6. Mother's Maiden Name, *" Oetman*
7. Mother's Birthplace, *York Co Pa*
8. Full Name of Father, *Geo Kerl*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Bath Co Md*
- ☒ Name of Medical Attendant, or other Person who makes this Return, *Dr Smith Md*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6387
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 2nd '88
4. Place of Birth, (Street and Number) 807 Sterling St.
5. Full Name of Mother, Hattie Meads
6. Mother's Maiden Name, Gibson
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Joseph H. Meads
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Co.
- Name of Medical Attendant, or other Person who makes this Return, Edwin B. Henby, M. D.
- Address, 1207 N. Eden St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mather,

6. Mather's Maiden Name,

7. Mather's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

61389

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Oct. 20 1888

Place of Birth, (Street and Number)

1534 W Lexington

Full Name of Mother,

Mary Bell Whitten

Mother's Maiden Name,

" " Taliaferro

Mother's Birthplace,

Virginia

Full Name of Father,

R. L. Whitten

Father's Occupation,

Compositor

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

A. Tinsley M.D.

Address,

2029 S Paul St

Remarks.

Boys

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 6390

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, October 2nd 1880

4. Place of Birth (Street and Number), 203 S. Broadway

5. Full Name of Mother, Ada Miller

6. Mother's Maiden Name, Ada Cohn

7. Mother's Birthplace, Russia - Germany

8. Full Name of Father, Abel ~~Abraham~~ Miller

9. Father's Occupation, Stocking Manufacturer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. Whitman D. M.D.

Address, 6 S. Easter Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (State whether male or female)

Boy

2. Race or color, (if not of the white race)

White

3. Date of Birth,

2nd of October, 1888

4. Place of Birth. (Street and Number)

2314 Boston street.

5. Full Name of Mother,

Louisa Escregan.

6. Mother's Maiden Name,

Louisa Dunke.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mich Dunke.

9. Father's Occupation,

Davon Kupfer.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Crescencia Kunkel

Address,

213 North Chapel st. per Christina Kunkel.

Remarks,

Healthy



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 2nd of October 1884 - Pomeroy Street, Nigeria.

4. Place of Birth, (Street and Number) Acornac Nigeria

5. Full Name of Mother, Louise Green

6. Mother's Maiden Name, Mrs. Lee Smith

7. Mother's Birthplace, Acornac Nigeria

8. Full Name of Father, Charles Benjamin Green

9. Father's Occupation, Charles Green

10. Father's Birthplace, Charles Green

11. Name of Medical Attendant, or other Person who makes this Return. Dr. B. Green

Address, _____

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frederick Geisel The 4 Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

The 2 of Oct 1888

4. Place of Birth, (Street and Number)

No 1015 Dallas St

5. Full Name of Mother,

Anna Geisel

6. Mother's Maiden Name,

Anna Muller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Geisel

9. Father's Occupation,

Cabinetmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Ch. Lauer

Address,

GIVEN NAME ADDED. *5-28-53 No 1054 CHANFORD Ave*

Remarks,

h.m

Boal

1888

shall occur without the attendance upon this birth to the Commissioner of Health, in the case of any person or persons who shall hereafter be convicted of any offense under the provisions of this section shall be subject to the fine of ten dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 2nd 1888

4. Place of Birth, (Street and Number)

109 N Mount St

5. Full Name of Mother,

Agnes McBride

6. Mother's Maiden Name,

Sylvester

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Horace S Bird

9. Father's Occupation,

Salveman

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Samuel J. Bell, M.D.

Address,

314 N. State St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

female

colored

October 23 1888

548 Orchard St

Jimmie Smith

Jimmie Maynard

Washington D C

James Smith

barber

New York

Maryon Aaron

537 Mount ally

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6396

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, October 24 1888

4. Place of Birth, (Street and Number) Poplar Street

5. Full Name of Mother, Lizzie Howard

6. Mother's Maiden Name, Lizzie Jarvis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Howard

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mathias Mitchell

Address, No 112 Callender Street

Remarks, Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6397

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1398

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 3, 1888

4. Place of Birth, (Street and Number)

2307 Allee Anna St

5. Full Name of Mother,

Hannah Lutz

6. Mother's Maiden Name,

Hannah Harnisch

7. Mother's Birthplace,

Baltic

8. Full Name of Father,

John Lutz

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltic

Name of Medical Attendant, or other person who makes this Return.

Mary J. Snayre
J. H. Snayre

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1399

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 3rd

4. Place of Birth, (Street and Number)

1407 E Pratt St.

5. Full Name of Mother,

Anne Mary Evans

6. Mother's Maiden Name,

Ann Mary Evans

7. Mother's Birthplace,

W. Va.

8. Full Name of Father,

Wm. J. Evans

9. Father's Occupation,

Driver

10. Mother's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 6400
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 3 10.09 S. Howard St
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Eliza Ventilen Jones
6. Mother's Maiden Name, " " " Copper
7. Mother's Birthplace, " " " Tabbot co. and
8. Full Name of Father, Harry Jones
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return. Sarah Wilson
- Address, 115. Hughes St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of  of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

Sex, (~~state whether male or female~~)...

Race or Color, (if not of the white race) *White*

Date of Birth, *Oct. 3, '88.*

Place of Birth, (Street and Number) *1711 Guilford Ad.*

Full Name of Mother, *Mellie Whelan*

Mother's Maiden Name, *" Campbell*

Mother's Birthplace, *Ind.*

Full Name of Father, *Thomas A. Whelan*

Father's Occupation, *Lawyer*

Father's Birthplace, *Ind.*

Name of Medical Attendant, *Dr. Barton Bruce*
or other Person who makes this Return.

Address, *1815 N. Charles St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *4th* *6402*
 Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *3rd Oct. 1882*
 4. Place of Birth, (Street and Number) *Baltimore 1209 Johnson St*
 5. Full Name of Mother, *Mrs. Catherine Cyprian*
 6. Mother's Maiden Name, *Mrs. E. Johnson*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Richard Thomas Cyprian*
 9. Father's Occupation, *Waterman*
 10. Father's Birthplace, *Virginia*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. C. L. Lantry*
 Address, *1230 Battery Avenue*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 64 03

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 3rd 1888

4. Place of Birth, (Street and Number)

Engraver, 1015 Gay St
Emma Lockenbrot

5. Full Name of Mother,

" Betty

6. Mother's Maiden Name,

Balto City

7. Mother's Birthplace,

E. Lockenbrot

8. Full Name of Father,

Engraver

9. Father's Occupation,

Balto City

10. Father's Birthplace,

Mary Miller

Name of Medical Attendant, or other person who makes this Return.

503 N. Caroline

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

5th

A 6404

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

black

3. Date of Birth,

October 3rd 1888

4. Place of Birth (Street and Number),

near 25 S. Bond St.

5. Full Name of Mother,

Susan J. Hargis

6. Mother's Maiden Name,

Susan J. Jones

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Robert Hargis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

G. Franklin Dexter M.D.

Address,

Baltimore University Hospital, Bond St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 6400

Sex, ☒ male or female

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Oct 4. 1888

Place of Birth, (Street and Number)

2034 S. Paul St

Full Name of Mother,

Margaret Riv

Mother's Maiden Name,

Cassidy

Mother's Birthplace,

Ireland

Full Name of Father,

John Riv

Father's Occupation,

Black

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

A. Jinsley M.D.

Address

2029 S Paul St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th 5406

1. Sex, (state whether male or female)

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 4th

4. Place of Birth, (Street and Number)....

103 S. Bond St.

5. Full Name of Mother,

Kate Hetz.

6. Mother's Maiden Name,

" Schard.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hetz.

9. Father's Occupation,

Furniture Dealer,

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Ulrika Goetzke

Address,

114 S Bond St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 5427

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 4th 1888

4. Place of Birth, (Street and Number) 1025 Forest Place

5. Full Name of Mother, Ellen Knight

6. Mother's Maiden Name, " Spraul

7. Mother's Birthplace, City

8. Full Name of Father, Thomas Knight

9. Father's Occupation, Car driver

10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Lemby, M.D.

Address, 1201 N. Eden St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

6408

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

W

3. Date of Birth,

Oct 4th

4. Place of Birth, (Street and Number)

869 Baussey St

5. Full Name of Mother,

Mary Flynn

6. Mother's Maiden Name,

" Flaherty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Flynn

9. Father's Occupation,

Barber

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this return

Mrs Mary Morgan

Address,

412 Scott St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A 6409

Sex, (state whether male or female)

female

Race or Color, (if not of the white race).

Date of Birth

Oct 6. 4th 38.

Place of Birth, (Street and Number)

1128 Eling St.

Full Name of Mother,

Adele

Mother's Maiden Name,

Shack

Mother's Birthplace,

Baltimore

Full Name of Father,

Isaac Davidson

Father's Occupation,

Saluman

Father's Birthplace,

German

Name of Medical Attendant, or other Person who makes this Return

Dr. Rawls M.D.

Address,

919 Madison Ave.

Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

or, (state whether male or female)

Male,

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 4th / 88.

4. Place of Birth, (Street and Number)

318 S. Exeter St.

5. Full Name of Mother,

Annie Willis,

6. Mother's Maiden Name,

Kreutzberg,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Willis,

9. Father's Occupation,

Saddler,

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Klrika Goetz

Address,

114 S. Bond St.

Remarks,

Missing #A 6411

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth

A. 6412

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct. 4th. 1888.

4. Place of Birth, (Street and Number)

720 Cumberland

5. Full Name of Mother,

Mary E. Kaufman

6. Mother's Maiden Name,

Roth

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Geo. F. Kaufman

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

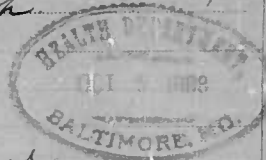
Balto.

Name of Medical Attendant, or other person who makes this Return.

*W. H. Christian M.D.
1821 Madison Ave.*

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 4th. 1888.

4. Place of Birth, (Street and Number)

1417 Fulton Ave.

5. Full Name of Mother,

D. B. V. Kesler

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Wm. S. C. Kesler

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto.

Name of Medical Attendant,

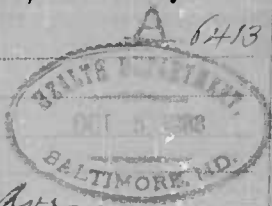
or other person who makes this Return.

W. B. Christian, M.D.

Address,

1821 Madison Ave.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A* *6414*
 1. Sex, (state whether male or female) *female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *Oct 4. 88*
 4. Place of Birth, (Street and Number) *904 E Pratt St.*
 5. Full Name of Mother, *Theresa Beggerson*
 6. Mother's Maiden Name, *Reyes*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Charles Beggerson*
 9. Father's Occupation, *Cabinet maker*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this return, *Caroline Miller*
 Address, *1605 Walker St Balto Md*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A 6415*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 4 1898*
4. Place of Birth, (Street and Number) *1314 W. Freshman St*
5. Full Name of Mother, *Mary Kellenburger*
6. Mother's Maiden Name, *Martin*
7. Mother's Birthplace, *City*
8. Full Name of Father, *James E. Kellenburger*
9. Father's Occupation, *Cas. Inspector*
10. Father's Birthplace, *City*
11. Name of Medical Attendant, or other Person who makes this Return. *Geo L. Fetterhoff M.D.*
- Address, *1320 W. Gilman St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *61416*

1. ☒ Male, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *Coloured*

3. Date of Birth, *Oct 4th 1888*

4. Place of Birth, (Street and Number) *905 Morris Alley*

5. Full Name of Mother, *Minnie Moore*

6. Mother's Maiden Name, *Minnie Macdon*

7. Mother's Birthplace, *Richmond Va*

8. Full Name of Father, *James Moore*

9. Father's Occupation, *Labour*

10. ☒ Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return. *Hester C. Lane*

Address, *509 Preston St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

1. Sex, (state whether male or female) _____

Female

2. Race or color, (if not of the white race) _____

3. Date of Birth, _____

October 5/88

4. Place of Birth, (Street and Number) _____

No 1728 Lancaster St.

5. Full Name of Mother, _____

Joseph Sakowski

6. Mother's Maiden Name, _____

Purleski

7. Mother's Birthplace, _____

Polen

8. Full Name of Father, _____

Mary Sakowski

9. Father's Occupation, _____

Laborer

10. Father's Birthplace, _____

Polen

Name of Medical Attendant, or other person who makes this Return, _____

Mrs. Louise Kraft

Address, _____

No 405 S. Washington St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

George Peter de Launey, Jr.
First *6-4-18*

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

Oct 5th 1888

Place of Birth, (Street and Number)

#1402 E. Sanvale Street

Full Name of Mother,

Clay E. B. De Launey

Mother's Maiden Name,

Clay E. B. Jones

Mother's Birthplace,

Baltimore, Md.

Full Name of Father,

George P. De Launey

Father's Occupation,

Agent

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Sam'l D. Powell, M.D.

Address,

3-24-52 #217 N. 3rd Street

Remarks,

GIVEN NAME ADDED.

2. M.

(over)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6 Child A 6414
Male.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race).

3. Date of Birth,

Oct 5 — 1888.

4. Place of Birth, (Street and Number)

1011 Johnson st.

5. Full Name of Mother,

Anna (Wiedeke) Wiedeck.

6. Mother's Maiden Name,

Finner.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Fred (Wiedeke) Wiedeck.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser, Midwife.

Address,

1032, Hanover st.

Remarks,

Full name of child - Henry Wiedeck.

RETURN OF A BIRTH,

of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

(state whether 1st, 2d, 3d, &c.) 4th Male 5482

Male or female)

Male

of the white race)

White

October 5th 1888.

Street and Number)

504 South Chappel st

or

Barbara Orfan

name

Barbara Orfan

Baltimore

Joseph Orfan

Laborer

Baltimore

Attendant

or other Person who makes this Return.

Mary Leidner

521 South Ann st.

RETURN OF A BIRTH,

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Age, (state whether 1st, 2d, 3d, &c.)

2nd

A 8421

Sex (male or female)

Male

Color (not of the white race)

White

October 5th 1888

Street and Number)

1607 Lancaster st.

First name

Alice Knable

Second name

Alice Oliver

Place of birth

Baltimore City

John Knable

Laborer

Baltimore City

Attendant, or other Person who makes this Return.

Mary Seidner

521 South Ann st.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

white

Date of Birth,

Oct 5

Place of Birth, (Street and Number)

135 Franklin St

Full Name of Mother,

Paula Helinger

Mother's Maiden Name,

Peterson

Mother's Birthplace,

Germany

Full Name of Father,

Nicholas Peterson

Father's Occupation,

Fireman

Father's Birthplace,

Denmark

Name of Medical Attendant, or other Person who makes this Return

Address,

Wm. B. Porter

Remarks,

Let it be noted that all returns are to be forwarded to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child 8423

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) bron skin

3. Date of Birth, October 5, 1899

4. Place of Birth, (Street and Number) Baltimore city. Boldon aley 2209

5. Full Name of Mother, Ella Briscoe

6. Mother's Maiden Name, Ella Dett

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Samuel Briscoe

9. Father's Occupation, Hod carriers

10. Father's Birthplace, Baltimore County

11. Name of Medical Attendant, or other Person who makes this Return, Sarah Dett

Address, Etting 2114

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *A 6424*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *5 Oct.*

4. Place of Birth, (Street and Number) *933 S. S. S. St*

5. Full Name of Mother, *Mary Cousins*

6. Mother's Maiden Name, *Mary Kilroy*

7. Mother's Birthplace, *Clingland*

8. Full Name of Father, *Richard Cousins*

9. Father's Occupation, *Labo.*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. J. J. J.*

Address, *517 N. S. S. St.*

Remarks, *1*

any such person or persons, who shall be convicted of any offence, shall be liable to a fine of ten (10) dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 6425

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 5 7 88

4. Place of Birth, (Street and Number)

235 Park Ave

5. Full Name of Mother,

Christiana M. Tunncliffe

6. Mother's Maiden Name,

Mercend

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred M. Tunncliffe

9. Father's Occupation,

Fur Dealer

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return,

Thomas Opie M.D.

Address,

600 N. Howard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 5475

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Friday Oct 5th 1888

4. Place of Birth, (Street and Number)

1361 N Gilman St

5. Full Name of Mother,

Mrs Mary Elizabeth Farley

6. Mother's Maiden Name,

Mary Elizabeth Veith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas Farley

9. Father's Occupation,

Telegrapher

10. Father's Birthplace,

Saratoga NY

Name of Medical Attendant,

Susan Hunter

Address,

23 W Bayreton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th - 2nd Report

1. Sex, (State whether male or female)

Female

6/4/27

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 5th 1888

4. Place of Birth, (Street and Number)

244 W. Lexington

5. Full Name of Mother,

Catherine Erb Zipprian

6. Mother's Maiden Name,

Catherine Erb

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John W. Zipprian

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 N. Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 A 8428

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

oct 5

4. Place of Birth, (Street and Number)

517

5. Full Name of Mother,

Augusta Schulz

6. Mother's Maiden Name,

Opert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William C. Schulz

9. Father's Occupation,

Sheller

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Address,

Phary Portner

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 1127

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Oct 5th

4. Place of Birth (Street and Number), 1134 Barclay St.

5. Full Name of Mother, Patricia Virginia

6. Mother's Maiden Name, Carter

7. Mother's Birthplace, York, Pennsylvania

8. Full Name of Father, John Hammel

9. Father's Occupation, Conductor

10. Father's Birthplace, York Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Russell H. Sappington M.D.

Address, 309 E. Bidlet St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *11th* *A* *87-30*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race). *White*

3. Date of Birth, *Oct. 5, 1888*

4. Place of Birth, (Street and Number) *706 Burke St.*

5. Full Name of Mother, *Barbara Lomb*

6. Mother's Maiden Name, *Boyle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Henry Lomb*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Swaine*

Address, *726 Luzerne St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

431

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 5

4. Place of Birth, (Street and Number)

1213 Dust alley

5. Full Name of Mother,

Emma Jane Smith

6. Mother's Maiden Name,

Emma Barnes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles August Fredrick Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Conway

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child 1432

1. Sex, (State whether male or female)

Little Girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth

5th Oct 1888

4. Place of Birth, (Street and Number)

No 129 Walldon Lane

5. Full Name of Mother,

Mrs ~~Fre~~ Elizabeth Barth

6. Mother's Maiden Name,

Min Elizabeth Thohler

7. Mother's Birthplace,

Bonn Germany

8. Full Name of Father,

Mrs Frederick Barth

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Miller

Address,

2127 Pratt st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 64.33

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 5th of October

4. Place of Birth (Street and Number), Belair Ave. 1532

5. Full Name of Mother, Francis Christoff

6. Mother's Maiden Name, Francis E. Christoff

7. Mother's Birthplace, Germany

8. Full Name of Father, John Christoff

9. Father's Occupation, Beer Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Matthias Brown

Address, 1600 Cheater St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *William Roy Stock*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd *6434*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 5th 1888*
4. Place of Birth, (Street and Number) *1142 Hanover St*
5. Full Name of Mother, *Catharine Stock*
6. Mother's Maiden Name, *Catharine Dussan*
7. Mother's Birthplace, *Pensylvania*
8. Full Name of Father, *Phillip Stock*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *H. B. North M.D.*
- Address, *301 Hanover St*
- Remarks,

RETURN OF A BIRTH

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child A. 6435

1. Sex, (State whether male or female)

Name of Child: Louis Valentin (Little Boy) Boy

2. Race or color, (if not of the white race).

White race

3. Date of Birth,

28 5th Oct 1888

4. Place of Birth, (Street and Number)

No 1206 Calverton ave

5. Full Name of Mother,

Mrs Valentine

6. Mother's Maiden Name,

Miss Kautz

7. Mother's Birthplace,

Bonn Germany

8. Full Name of Father,

Mr Frederick Valentine

9. Father's Occupation,

Labor at car Stable

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mr Miller

Address,

2127 West Pratt st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 4-16-1916

Name: Ethel Elizabeth Eyles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6437

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 5-1904

4. Place of Birth, (Street and Number)

5-15 N. Euter

5. Full Name of Mother,

Mellie (Euter) Eyles

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Lewis (Euter) Eyles

9. Father's Occupation,

Brickman

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return.

Lewis (Euter) Eyles

Address,

413 N. Euter

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 6438

1. Sex (state whether male or female), Girl

2. Race or Color (if not of the white race), white

3. Date of Birth, October 5 - 88

4. Place of Birth (Street and Number), Garrett St 1328

5. Full Name of Mother, Franziska Kleier

6. Mother's Maiden Name, Cismanski

7. Mother's Birthplace, Pöhl - Posen

8. Full Name of Father, Johannes Kleier

9. Father's Occupation, Stencolor

10. Father's Birthplace, Bremerhaven - Bremen

Name of Medical Attendant, or other person who makes this Return.

Johanne Jonske

Address,

Garrett St 1328

Remarks,

Locust Point

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child* *A. 6439*

1. ☒ (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *5 of October 1888*

4. Place of Birth, (Street and Number) *No 4 Marquette St.*

5. Full Name of Mother, *Mollie Gifford*

6. Mother's Maiden Name, *Mollie Blacklee*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Gifford*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Maryland*

☒ Name of Medical Attendant, or other person who makes this Return, *Chas. R. Casper*

Address, *213 G. Street S. E.*

Remarks, *Doing Well.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

A. 5440

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

Colored

Date of Birth,

October 8th 1888

Place of Birth, (Street and Number)

822 King Street

Full Name of Mother,

Josephine Banks Williams

Mother's Maiden Name,

Josephine Bell

Mother's Birthplace,

North, Westmoreland County Virginia

Full Name of Father,

Samuel Williams

Father's Occupation,

Laborer

Father's Birthplace,

Carroll County

Name of Medical Attendant, or other Person who takes this Return

Mary Jane Richardson

Address,

318 King St assisted by Dr. Johnson

Remarks,

Well as can be expected

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 6-17-74

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Color

3. Date of Birth, Feb 6

4. Place of Birth, (Street and Number) 117 E 8th St W Street

5. Full Name of Mother, Lizzie C Mathews

6. Mother's Maiden Name, Lizzie B Allen

7. Mother's Birthplace, Leinster

8. Full Name of Father, John Grace

9. Father's Occupation, Engineer Shirk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Grace

Address, 1016 Dugan St Baltimore

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6442

1. (State whether male or female)

Male

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

6th of October

1888

4. Place of Birth, (Street and Number)

300 Park Ave

5. Full Name of Mother,

Francis Reuver

6. Mother's Maiden Name,

Francis Fathern

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ferdinand Reuver

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return.

Susan Shuster

Address,

23 W. Pappebber St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st* *Δ 6443*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *Oct 6th*
 4. Place of Birth (Street and Number) *1519 Orleans &*
 5. Full Name of Mother *Augusta Kahn*
 6. Mother's Maiden Name *" Myers*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Seigman Kahn*
 9. Father's Occupation *Salesman*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Hop m^d*
 Address *1435 Orleans &*
 Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3d* 6444
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *Oct 8th*
Place of Birth, (Street and Number) *# 624 H. Brownson St*
Full Name of Mother, *Minnie Conrad*
Mother's Maiden Name, *" Necht*
Mother's Birthplace, *Balto City*
Full Name of Father, *W. H. Conrad*
Father's Occupation, *Milkman*
Father's Birthplace, *Balto City*
Name of Medical Attendant, or other Person who makes this Return, *John S. Huck*
Address, *# 647 H. Brownson St.*
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child. A 6445

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 5th 1888

4. Place of Birth, (Street and Number)

2110 Druid Hill Ave

5. Full Name of Mother,

M. Rosa Morgan

6. Mother's Maiden Name,

M. Rosa Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry C. Morgan

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. B. Powell
3124 N. Paul

Address,

Remarks,

Child Healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Margaret Nixon 6446
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st*
 Sex, (state whether male or female) *Female*
 Race or color, (if not of the white race) *White*
 Date of Birth, *6 Oct 1888*
 Place of Birth, (Street and Number) *10.17 Point Lane*
 Full Name of Mother, *Elizabeth Nixon*
 Mother's Maiden Name, *Gainhardt*
 Mother's Birthplace, *Balto*
 Full Name of Father, *Hugh Nixon*
 Father's Occupation, *Theatrical Man*
 Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Julia T. Young*
 Address, *940 N. Bay St*
 Remarks, **GIVEN NAME ADDED** 12-22-53
h.m.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child* 6447
1. Sex (state whether Male or Female) *October 6, 1888 "Male"*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 6, 1888*
4. Place of Birth (Street and Number) *No 28 Lexington St Balt. City*
5. Full Name of Mother *Elise Kuhl Lang*
6. Mother's Maiden Name *Elise Kuhl*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *G. H. Lang "Deceased"*
9. Father's Occupation *"Flour & Feed"*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *George F. Coxe M.D.*
- Address *Larderville Baltimore County Md*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd* *A 6448*

1. Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Oct. 6, 1818*

4. Place of Birth, (Street and Number) *Clinton St. two doors north of Sullivan St.*

5. Full Name of Mother, *Jane Allen*

6. Mother's Maiden Name, *Jane O'Neil*

7. Mother's Birthplace, *Howard Co.*

8. Full Name of Father, *Edward Allen*

9. Father's Occupation, *Tobacco*

10. Father's Birthplace, *Balto. Co.*

Name of Medical Attendant, or other person who makes this Return, *Wm. L. Linnay*

Address, *26. Luzerne St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 64-9

1. Sex (state whether male or female), Mo

2. ☒ Race or Color (if not of the white race), W

3. Date of Birth, Oct 16 1888

4. Place of Birth (Street and Number), 561 M Biddle St

5. Full Name of Mother, Mrs Mary A Lober

6. Mother's Maiden Name, Schminger

7. Mother's Birthplace, Prus

8. Full Name of Father, Geo Lober

9. Father's Occupation, Carriage Driver

10. Father's Birthplace, Prus

☒ Name of Medical Attendant, or other person who makes this Return, D. R. Hinds

Address, 412 M Biddle St

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6400

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Hilda H. Ade
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 6467

1. ☒ Male, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 6 1898
4. Place of Birth, (Street and Number) 712 1/2 Madison St
5. Full Name of Mother, Elvira (Adel)
6. Mother's Maiden Name, Adel
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Ade
9. Father's Occupation, Carver
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Dr. J. B. ...
- Address, 1018 ...
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *A* *6452*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race)

3. Date of Birth, *October 6th 188*

4. Place of Birth, (Street and Number) *Nassau Ave. or 12th St.*

5. Full Name of Mother, *Mary E. Schraen*

6. Mother's Maiden Name, *Mary E. Meldick*

7. Mother's Birthplace, *Pittsburg P. S.*

8. Full Name of Father, *Francis Schraen*

9. Father's Occupation, *Plaster Decorator*

10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other person who makes this Return.

W. H. Reichel M.D.

Address,

Trinity

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, John Joseph Werb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

6453

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, October 6th 1888
4. Place of Birth, (Street and Number) 565 Haro St
5. Full Name of Mother, Annie Werb
6. Mother's Maiden Name, Annie Dzwilich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Werb
9. Father's Occupation, Coach Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 6454

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) .

3. Date of Birth, October 6th 188

4. Place of Birth, (Street and Number) Widener Ave. or 15th St.

5. Full Name of Mother, Ida Edwards

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Alexandria D C Georgetown

8. Full Name of Father, Frank E Edwards

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

D H Reich MD

Address,

72 Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A 5455

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

6th October

4. Place of Birth (Street and Number),

Federal St # 1102

5. Full Name of Mother,

Lizzie Eastman

6. Mother's Maiden Name,

Lizzie Hunter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Eastman

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Margaret Benson

Address,

1600 Webster St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

6456

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 6 October

4. Place of Birth, (Street and Number) 1103 Mc Elderly St

5. Full Name of Mother, Katie Buch

6. Mother's Maiden Name, Koschnick

7. Mother's Birthplace, Poland

8. Full Name of Father, Solomon Buch

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Hilbig

Address,

1302 Holland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME - Edward Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

6457

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

7th of Oct. 1888.

4. Place of Birth, (Street and Number)

211 Caroline St.

5. Full Name of Mother,

Mary Schaeffer

6. Mother's Maiden Name,

M. Kuser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schaeffer

9. Father's Occupation,

J. Cooper

10. Other's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Sarah Baxter

Address,

1022 Broadway St.

Remarks,

GIVEN NAME ADDED 10-7-83

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6458

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

October 7th 1858,

4. Place of Birth, (Street and Number)

115 Sturges St,

5. Full Name of Mother,

Ann C. Zimmerman,

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Morris Zimmerman,

9. Father's Occupation,

Shoemaker.

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

W. K. Zimmerman, M.D.

Address,

1123 E. Baltimore St.

Remarks,

Infant born full term, healthy, and in good condition.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* 5457
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *October 7th 1888*
4. Place of Birth (Street and Number), *No 548 W. Hoffman*
5. Full Name of Mother, *Elizabeth M. Daniels*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Baltimore City Md*
8. Full Name of Father, *Alexander M. Daniels*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Talbot Co., Md.*
11. Name of Medical Attendant, or other person who makes this Return. *Lipelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *October 9. A 6462*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *color*

3. Date of Birth. *October 7.*

4. Place of Birth, (Street and Number) *1239 E. Howard Street*

5. Full Name of Mother, *Lissia Jackson*

6. Mother's Maiden Name, *Lissia Watkins*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Sam Jackson*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mr. H. G. Jackson*

Address, *1016 Dargatzis Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

6452

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 October

4. Place of Birth, (Street and Number)

118 19 31 E. Chase St.

5. Full Name of Mother,

Maggie Cooper

6. Mother's Maiden Name,

Leese

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bishop Cooper

9. Father's Occupation,

Shoe cutter

10. Father's Birthplace,

Portland Me

Name of Medical Attendant, or other Person who makes this Return

Mrs L. Schutte

Address,

118 528 N. Washington St.

Remarks,

ected to the one of test (1) for its not being effective, to be followed in other cases and in fact it is recoverable.

ected to the use of rest (10) does not seem to be affected in either direction by the influence of recovery

lected to the one of the (10) members of the Council and the President

referred to the time of the (10) documents not shown to the witness, but the witness did not recall the date of the (10) documents not shown to the witness.

הוא צריך להיות מודע לכך שיש לו חלק במה שקורה, וזהו חלק מהחיים. הוא צריך להיות מודע לכך שיש לו חלק במה שקורה, וזהו חלק מהחיים.

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101-102

Germany.
Alexandra Schleifer
641 J. Baker Street.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A 6464*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *W*
 Date of Birth, *Oct 7 11*
 Place of Birth, (Street and Number) *747 W Henry*
 Full Name of Mother, *Maggie Murphy*
 Mother's Maiden Name, *Mint*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *John Murphy*
 Father's Occupation, *Sabber*
 Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *Dr. Henry Harrison*
 Address, *412 Scott St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6465

Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 7 / 08

4. Place of Birth. (Street and Number)

801 Bruce St.

5. Full Name of Mother.

Lizzie Bunsie

6. Mother's Maiden Name,

Lizzie Laxton

7. Mother's Birthplace,

Wash
Richard Bunsie

8. Full Name of Father.

Shaw Munk

9. Father's Occupation,

German

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Jane Molland

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A. 6466

Single

White

Sept 7th Oct 1888

No 1013 Dallas St

Barbara C. Hill

Barbara Kibler

Baltimore

John C. Hill

Sailor

Baltimore

Dr. C. B. Hill

No 1054 West 1st St

Oct 1st

1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 6467

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White American

3. Date of Birth, Oct 7th 88

4. Place of Birth, (Street and Number) 1804 St. Paul St

5. Full Name of Mother, Mary Moore Carpenter

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, W. Va

8. Full Name of Father, Frank Carpenter

9. Father's Occupation, Salesman

10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other Person who makes this Return. J. E. Lindsay M.D.

Address, 9. E. Read St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 child A. 6458
Sex, (state whether male or female). Male
Race or Color, (if not of the white race) White
Date of Birth, the 7 of october
Place of Birth, (Street and Number) 1328 Woodyear St
Full Name of Mother, Odellie Frank
Mother's Maiden Name, Odellie Gbriening
Mother's Birthplace, Germany
Full Name of Father, Ernst Frank
Father's Occupation, Laborer
Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Mrs. Donnelly
Address, 1035 little Walsh St
Remarks, None

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Colored 4th Child A 6469
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) Colored
Date of Birth, October 17th 1888 Sunday
Place of Birth, (Street and Number) Bethel street
Full Name of Mother, Sarah Marshall
Mother's Maiden Name, Sarah Stafford
Mother's Birthplace, Dorchester County
Full Name of Father, Peter Marshall
Father's Occupation, Stevedore
Father's Birthplace, Charles County
Name of Medical Attendant, or other Person who makes this Return, Caroline Jordan
Address, 733 East street
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *6470*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 7th 1885*
4. Place of Birth, (Street and Number) *#1414 N. Fulton Ave.*
5. Full Name of Mother, *Katie E. Miles*
6. Mother's Maiden Name, *Katie E. Holman*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Geo. E. Miles*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return, *He. C. Oble. M. D.*
- Address, *1120 N. Fayette St. cor Carrollton Ave.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

October 7/88

4. Place of Birth, (Street and Number)

N^o 1617 Bank St.

5. Full Name of Mother,

Kate Schaepe

6. Mother's Maiden Name,

Reuter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schaepe

9. Father's Occupation,

Marinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft.

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

5472

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

October 7/88

4. Place of Birth, (Street and Number)

N^o 2003 Pleasant Aly

5. Full Name of Mother,

Maggie Grofs

6. Mother's Maiden Name,

Dougherty

7. Mother's Birthplace,

Washington

8. Full Name of Father,

William Grofs

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Louise Kraft

Address,

N^o 405 S Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st A. 51473
Male
Colored
octo 7th 1888
674 Laborgo st
Clar Chester
Clar Belt
Frederick county md
Charles Chester
Waiter
Baltimore
Chollette Williams
607 E. Howard st
five dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *6474*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *Caucasian*
3. Date of Birth, *Oct 8 1888*
4. Place of Birth, (Street and Number) *111 Adams Alley*
5. Full Name of Mother, *Mrs. E. E. Egan*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Egan*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Mass*
- Name of Medical Attendant, or other person who makes this Return, *Margaret X. Davis*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 6475

Sex, (State whether male or female) Female

Race or color, (if not of the white race) Colored

Date of Birth, Oct 8th, 1888

Place of Birth, (Street and Number) 328 W. Biddle

Full Name of Mother, Clara P. P. P.

Mother's Maiden Name, Maryland

Mother's Birthplace, John P. P.

Full Name of Father, Porter

Father's Occupation, Maryland

Father's Birthplace, Porter

Name of Medical Attendant, or other person who makes this Return, Dr. P. P. P.

Address, 509 P. P. P.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 5475

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 8th 1885

4. Place of Birth, (Street and Number) York St - 118

5. Full Name of Mother, Frances Wilson

6. Mother's Maiden Name, Frances Wilson

7. Mother's Birthplace, Calvert County MD

8. Full Name of Father, Arthur Jones

9. Father's Occupation, Stevedore

10. Father's Birthplace, Calvert County MD

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 8-3-53

Name: *Annie Estelle Knowles*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7* *A 1477*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Oct-8/88*

4. Place of Birth, (Street and Number) *2308 Division St*

5. Full Name of Mother, *Annie Knowles*

6. Mother's Maiden Name, *Hilson*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Knowles*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other person who makes this Return, *Thomas Opie M.D.*

Address, *600 N. Howard St*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Given Name - Florence Ellen

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 7

Oct 7th 1888

4. Place of Birth (Street and Number)

1816 Monument St

1816. C. Monument St

5. Full Name of Mother

~~David C. Kinnier~~

Maggie G. Kinnier

6. Mother's Maiden Name

Maggie G. Croxy

Croxy

7. Mother's Birthplace

Balt.

Balt.

8. Full Name of Father

David C. Kinnier

9. Father's Occupation

clerk

clerk

10. Mother's Birthplace

Balt.

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Joseph M. ...

Address

1435 E. ...

Remarks

GIVEN NAME 1888 3-4-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

A 6479

1. Sex, (state whether male or female)

Male.

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Oct. 8/88

4. Place of Birth, (Street and Number)....

427 Robert St

5. Full Name of Mother,

Amelia D Weiss

6. Mother's Maiden Name,

Langmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Theo. J. Weiss

9. Father's Occupation,

Provision Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Thomas O'Brien M.D.

Address,

600 N. Howard St

Remarks,

Secured as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* *A* *611 80*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Black*

3. Date of Birth, *Oct 8th 1888*

4. Place of Birth, (Street and Number) *267 Chiswell St*

5. Full Name of Mother, *Mary Boulden*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Stephen Boulden*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return.

Address, *Darke Irons*

Remarks, *308 Chiswell St*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Oct - 8th - 1888
4. Place of Birth (Street and Number) 22 S. Broadway.
5. Full Name of Mother Eva E. Thridge
6. Mother's Maiden Name Eva Allen.
7. Mother's Birthplace Balt.
8. Full Name of Father Wm. E. Thridge
9. Father's Occupation Scentist
10. Father's Birthplace Balt. City
Name of Medical Attendant, or other Person who makes this Return. J. M. Rockhill, M.D.
Address 26 S. Broadway.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)..... 2nd A. 6482

1. Sex, (state whether male or female)..... Male

2. Race or color, (if not of the white race)..... W

3. Date of Birth,..... Oct 9

4. Place of Birth, (Street and Number)..... 1219 W. Cross St

5. Full Name of Mother,..... Catherine Forrester

6. Mother's Maiden Name,..... Conway

7. Mother's Birthplace,..... Baltimore

8. Full Name of Father,..... David B. Forrester

9. Father's Occupation,..... Machinist

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return,..... Mrs. Mary Hargan

Address,..... 412 Bell St

Remarks,.....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child 18483

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

9 Month

4. Place of Birth, (Street and Number)

3000 Wolf Street

5. Full Name of Mother,

Jarah E. Waten

6. Mother's Maiden Name,

Jarah Elizabeth

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nichol E. Waten

9. Father's Occupation,

Roller Maker

10. Father's Birthplace,

Waten Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 6484

1. ☒ ~~Sex~~, (state whether male or female) —

2. Race or Color, (~~if not of the white race~~) —

3. Date of Birth, 10. 9. 88.

4. Place of Birth, (Street and Number) 936 W. Mulberry St

5. Full Name of Mother, Mary Josephine Wilson

6. Mother's Maiden Name, Chapman,

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Jno. F. Wilson,

9. Father's Occupation, Painter Painter

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Natural

W. M. Eastman
772 Lexington

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A. 6485

Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~).

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Oct 9th 188.

741. W. Lexington St.

Rebecca Beckhofen.

Rebecca Straup.

Baltimore City, Md.

Alexander Beckhofen.

Editor.

Germany.

John. J. Kroger, M.D.

662. W. Lexington St.

GIVEN NAME ADDED 2-15-36
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Lyndall Brightman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A 5486*

1. Sex, (state whether male or female)
 2. Race or color, (if not of the white race)
 3. Date of Birth, *Oct. 24 1888,*
 4. Place of Birth, (Street and Number) *No. 753 Preston St.*
 5. Full Name of Mother, *Carrie H. Brightman,*
 6. Mother's Maiden Name, *Stark,*
 7. Mother's Birthplace, *Baltimore City,*
 8. Full Name of Father, *William Lyndall Brightman,*
 9. Father's Occupation, *Mother - cutter,*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *J. R. May, M.D., D.C.*
Address, *1120 E. Howard St.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

9th

6487

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 9th 1888

4. Place of Birth, (Street and Number)

2225 E. Pratt Street

5. Full Name of Mother,

Lillie E. McShane

6. Mother's Maiden Name,

" " Bradley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James F. McShane

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

James F. McShane, M.D.
2225 E. Pratt Street

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 5488

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Oct. 9/88

Place of Birth, (Street and Number)

2027 E. Lombard St.

Full Name of Mother,

Augusta Laubert

Mother's Maiden Name,

" Roeker

Mother's Birthplace,

Germany

Full Name of Father,

Henry Laubert

Father's Occupation,

Clerk

Father's Birthplace,

Bald. City

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

129 Goodroadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 5489

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

The 10 of Oct 1889

4. Place of Birth, (Street and Number)

No. 12 at ...

5. Full Name of Mother,

Mary ...

6. Mother's Maiden Name,

Mary ...

7. Mother's Birthplace,

Frederick

8. Full Name of Father,

Robert ...

9. Father's Occupation,

Foreman

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. ...

Address,

10 ...

Remarks,

...

any such person or persons who shall hereafter be convicted of any offense against the law of this city, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 6490
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 9, 1888.

4. Place of Birth, (Street and Number)

214 N. Ashwood St.

5. Full Name of Mother,

Amanda M. Kenny

6. Mother's Maiden Name,

Robinson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Wm. C. McKenny

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. L. Howard

Address,

939 N. Gay St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd A. 6491
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9 Oct 9th
4. Place of Birth (Street and Number) 2139 2139 Fairmount Ave
5. Full Name of Mother Ellen B. Beaton Ellen B. Beaton
6. Mother's Maiden Name Walker " Walker
7. Mother's Birthplace Belle Belle
8. Full Name of Father Joseph L. Beaton Joseph L. Beaton
9. Father's Occupation Car maker Car maker
10. Father's Birthplace Ma Cecil Co. Maryland.
Name of Medical Attendant, or other Person who makes this Return. J. H. [unclear]
Address 1435 [unclear]
Remarks

GIVEN NAME ADDED 8-27-52

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Elsie Anna Reinke* *Frank* *A 6492*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Tuesday Oct 9th 88*
4. Place of Birth, (Street and Number) *508 N. Eutan St*
5. Full Name of Mother, *Ella Reinke*
6. Mother's Maiden Name, *Ella Seymour*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. F. Reinke*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. Melah M.D.*
- Address, *Parson & Mulberry St*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd 6493

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Octo 9 - 88

4. Place of Birth, (Street and Number)

7 Airg St Ekt

5. Full Name of Mother,

Agnes Gerlach

6. Mother's Maiden Name,

Agnes Wilson

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Jno J Gerlach

9. Father's Occupation,

Shipping Clerk

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Daniel V Moya MD

Address,

1200 N Edm St

Remarks,

City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child A. 6494*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *Colored Race*
 Date of Birth *Oct 9th 1888*
 Place of Birth, (Street and Number) *1302 Jefferson st*
 Full Name of Mother *Rosette Ross*
 Mother's Maiden Name *Rosette Harris*
 Mother's Birthplace *Baltimore*
 Full Name of Father *John Harris*
 Father's Occupation *Labore*
 Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other person who makes this return *Lacindia Woodford*
 Address *432 Register*
 Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

6495

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 9th 1888

4. Place of Birth, (Street and Number)

1110 Carrollton Ave.

5. Full Name of Mother,

Alfrata Lloyd

6. Mother's Maiden Name,

Alfrata Proquiere

7. Mother's Birthplace,

Hagerstown Md

8. Full Name of Father,

Robert Lloyd

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Thimmon M.D.

Address,

1031 Campbell St

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Ruth Mc Kenzie

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 9th 1888

4. Place of Birth, (Street and Number) 94 E. Holliday St

5. Full Name of Mother Margaret McKenzie

6. Mother's Maiden Name Wrenell

7. Mother's Birthplace Mayland

8. Full Name of Father William McKenzie

9. Father's Occupation Machinist

10. Father's Birthplace Mayland

☒ of Medical Attendant, or other Person who makes this return.

Address

1401

Remarks

CIVIL NAME ADDED

3-23-54

h.m.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

A 6497

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 9 /88

4. Place of Birth, (Street and Number)

102 Mt Royal Terrace

5. Full Name of Mother,

Eudocia Armstrong

6. Mother's Maiden Name,

Müller

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Robert W. Armstrong

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return.

Address,

DR. W. P. MORGAN,
815 W. MONUMENT ST.,
BALTIMORE, MD.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th 6498
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) _____
3. Date of Birth Oct 9th 88
4. Place of Birth, (Street and Number) 544 W. Mulberry St.
5. Full Name of Mother, Mary Ann Newman
6. Mother's Maiden Name, O'Brien
7. Mother's Birthplace, Balt.
8. Full Name of Father, Tom B. Newman
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Pa
- Name of Medical Attendant, or other Person who makes this Return. Dr. Morgan
- Address, 315 W. Monument St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child 6499
Female

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 9 1888

4. Place of Birth, (Street and Number)

1447 William st.

5. Full Name of Mother,

Neddie Bines

6. Mother's Maiden Name,

Granger.

7. Mother's Birthplace,

America.

8. Full Name of Father,

James Bines.

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife
1032 Hanover st.

Address,

Remarks.

RETURN OF A BIRTH,

(over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child ^{of} Arthur Hammond Johnson

of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 6500

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth October 9th 1888

4. Place of Birth, (Street and Number) 308 Fulton av. Extension

5. Full Name of Mother Mary D. Johnson

6. Mother's Maiden Name " Perkins

7. Mother's Birthplace Virginia

8. Full Name of Father Northington Johnson

9. Father's Occupation Electrician

10. Father's Birthplace Memphis

Name of Medical Attendant, or other Person who makes this Return.

W. R. McKim

Address

1401 Lindus av

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh A 6601

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 9th

4. Place of Birth, (Street and Number)

1233 Division St Baltimore Md

5. Full Name of Mother,

Mrs Jno R Taylor

6. Mother's Maiden Name,

Lottie Hall Regalby

7. Mother's Birthplace,

Baltimore City Maryland

8. Full Name of Father,

Jno R Taylor

9. Father's Occupation,

Steward Steamer Enock Boat

10. Father's Birthplace,

Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return

Mary Jane Lassiter

Address,

1021 Druidhill Avenue

Remarks,

Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child* 6508

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 10, 1888.*

4. Place of Birth, (Street and Number) *821 Burke St.*

5. Full Name of Mother, *Margaret Weibel.*

6. Mother's Maiden Name, *Margaret Lutz.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Thomas Weibel.*

9. Father's Occupation, *Cropper*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other person who makes this Return. *Mary L. Swaine.*

Address, *126 Lexington St.*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventeen A 6503
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 10th
4. Place of Birth (Street and Number) 710 West, Lexington St.
5. Full Name of Mother Jennie Gordon
6. Mother's Maiden Name Jennie McLean
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Evans Gordon
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Samuel Long
- Address Grand St. 208
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

2A 6504

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 10/88

4. Place of Birth, (Street and Number)

No 2311 Canton St

5. Full Name of Mother,

Maggie M. Chintock

6. Mother's Maiden Name,

Kirchjen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John M. Chintock

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other person who makes this Return.

Mrs Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A 6505

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 11th 1888

4. Place of Birth (Street and Number),

15 E. Hill St.

5. Full Name of Mother,

Catharine Nickers

6. Mother's Maiden Name,

Catharine Hoffman

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Jacob H. Nickers

9. Father's Occupation,

Caulker

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Cottrell

Address,

7 W. Lee St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alie Muriel Tattersall
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6506

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 10th, 1888.
4. Place of Birth, (Street and Number) 18 S. High St.
5. Full Name of Mother, Annie Maria Tattersall
6. Mother's Maiden Name, Hardy
7. Mother's Birthplace, England
8. Full Name of Father, Saml. Henry Tattersall
9. Father's Occupation, Decorator of China
10. Father's Birthplace, Phil. Pa.

Name of Medical Attendant, J. D. Christman M.D.
or other person who makes this Return.Address, 1821 Madison Ave.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th A 5507*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 10th 1888*
4. Place of Birth, (Street and Number) *526 5th Ave 22nd Ward*
5. Full Name of Mother, *Margaret S Rogers*
6. Mother's Maiden Name, *" " Wilson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *J Nelson Rogers*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return, *J W Smith M.D.*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child. A. 1528*

Sex, (State whether male or female) *Boy*

Race or color, (if not of the white race). *White*

Date of Birth, *10th of October 1898.*

Place of Birth, (Street and Number) *21st South Cassel Street.*

Full Name of Mother, *Katie Bladhamer*

Mother's Maiden Name, *Katie Lockwood.*

Mother's Birthplace, *Baltimore.*

Full Name of Father, *Richard Lockwood.*

Father's Occupation, *Laborman.*

Father's Birthplace, *New York.*

Name of Medical Attendant, or other person who makes this Return, *Crescentia Kunkel*

Address, *213 North Chapel St. per Gertina Kunkel*

Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *5509*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Oct 11th 1888*

4. Place of Birth (Street and Number), *318 N. Gilmore*

5. Full Name of Mother, *Louisa Witchers*

6. Mother's Maiden Name, *Dugdale*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William F. Witchers*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other person who makes this Return, *E. M. Lee M.D.*

Address, *602 N. Carey St*

Remarks, *Mother went into Convulsions - delivered with instruments - both doing well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 6570

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct. 11th 1888

4. Place of Birth, (Street and Number)

1528 Mulliken st.

5. Full Name of Mother,

C. F. Brown

6. Mother's Maiden Name,

C. Remond

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

J. F. Brown

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return

Wm. W. W. W.

Address,

873 N. E. Lawrence st

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

6A571

1. Sex, (state whether male or female) _____

Male

2. Race or color, (if not of the white race) _____

3. Date of Birth, _____

Oct 11/88

4. Place of Birth, (Street and Number) _____

N^o 1532 Eastern Ave

5. Full Name of Mother, _____

Marie Schlegel

6. Mother's Maiden Name, _____

Bonnet

7. Mother's Birthplace, _____

Baltimore

8. Full Name of Father, _____

George Schlegel

9. Father's Occupation, _____

Cigar-maker

10. Father's Birthplace, _____

Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Mrs. Louise Kraft

Address, _____

N^o 405 S. Washington St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

6572

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 11. 1888

4. Place of Birth. (Street and Number)

Hull St. 1311.

5. Full Name of Mother,

Anna McCarty

6. Mother's Maiden Name,

Anna Suency.

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James McCarty

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs. E. H. H.

Address,

1916 1619 Cuba St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A 1573*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *21 Jan 1888*

4. Place of Birth, (Street and Number) *Rief Street No 203*

5. Full Name of Mother, *Magdalena Street*

6. Mother's Maiden Name, *Menger*

7. Mother's Birthplace, *Germanien*

8. Full Name of Father, *Georg Street*

9. Father's Occupation, *Werk Mann*

10. Father's Birthplace, *Germanien*

Name of Medical Attendant, or other person who makes this Return.

Address, *Therese Howard Fort Street No 334*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

6514

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race).

3. Date of Birth,

Oct 11th 1888

4. Place of Birth, (Street and Number)...

Hampden Avenue

5. Full Name of Mother,

Mary - Hease

6. Mother's Maiden Name,

" Rice

7. Mother's Birthplace,

Balti., Mo.

8. Full Name of Father,

Emory - Hease

9. Father's Occupation,

Leatherman

10. Father's Birthplace,

Balti., Mo.

Name of Medical Attendant, or other person who makes this Return

Yosiah S. Bowen

Address,

101 Washington Baltimore, Co.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

6515

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 11 1884

4. Place of Birth, (Street and Number)

1309 E. Biddle

5. Full Name of Mother,

Bertha Springer

6. Mother's Maiden Name,

Mc-Carrin

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Sam. A. Springer

9. Father's Occupation,

Latimer

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other person who makes this Return.

David Harts, M.D.

Address,

403 N. E. 5th St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 65-16

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct 11/88

4. Place of Birth, (Street and Number) 1422 Gough Str.

5. Full Name of Mother, Faggie

6. Mother's Maiden Name, Kaplan

7. Mother's Birthplace, Russia

8. Full Name of Father, Alexander Fleet

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rebecca Kaplan

Address, 107 Broad Alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 *11th* *A. 6577*

1. Sex, (State whether male or female) *white* *August Murray*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *11 October 1898*

4. Place of Birth, (Street and Number) *Holbrook St. 1208*

5. Full Name of Mother, *Yohanna Chapman*

6. Mother's Maiden Name, *Ulrich*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Murray*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Emma Maria Meyer M.D. 11/1/98*

Address, *Emma Maria Meyer M.D. 11/1/98*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child A 6578

1. Sex, (State whether male or female)

Female Mary John Wesel

2. Race or color, (if not of the white race)

Black

3. Date of Birth.

11 October 1885

4. Place of Birth, (Street and Number)

Loon St. 1027

5. Full Name of Mother.

Henricita Wesel

6. Mother's Maiden Name.

Stahl

7. Mother's Birthplace.

Washington

8. Full Name of Father.

John Wesel

9. Father's Occupation.

labor

10. Father's Birthplace.

Washington

Name of Medical Attendant, or other person who makes this Return.

Address.

Anna Maria 1101 N. 19th St.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

A. 6519

Sex. (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

October 11th 1888

Place of Birth, (Street and Number)

1709.

E. Madison St.

Full Name of Mother

Harriet, Haughey

Mother's Maiden Name,

"

Moore

Mother's Birthplace,

Pennsylvania

Full Name of Father,

Demard, E. Haughey

Father's Occupation,

Laborer

Father's Birthplace,

Wesford, County - Maryland

Name of Medical Attendant,

or other Person who makes this Return

Wm. L. Russell

Address,

800 N Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

65-20

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

October 11th 1888

Place of Birth, (Street and Number)

No. 24 N. Exeter St.

Full Name of Mother

Ellen Louise Kendecker

Mother's Maiden Name,

" Medes

Mother's Birthplace,

Baltimore

Full Name of Father,

John Henry Kendecker

Father's Occupation,

Clerk

Father's Birthplace,

Missouri

Name of Medical Attendant,

or other Person who makes this Return

Mr. E. Russell

Address,

100 N. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* 652
- Name of Child: *Edward Hyatt Wright*
1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *Oct 11th 1880*
 4. Place of Birth, (Street and Number) *2305 N - Charles St*
 5. Full Name of Mother, *Ester Loney Wright*
 6. Mother's Maiden Name, *" "*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John H. Wright*
 9. Father's Occupation, *merchant*
 10. Father's Birthplace, *Buffa Co - Md*
- Name of Medical Attendant, or other person who makes this return. *J. H. Quinn M.D.*
- Address, *2100 - Md Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A. 6522
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Oct. 11th '88*
4. Place of Birth (Street and Number), *221 Amity St.*
5. Full Name of Mother, *Mary Ward*
6. Mother's Maiden Name, *Graney*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Timothy Ward*
9. Father's Occupation, *Street-paver*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *J. B. Gardner*
- Address, *424 N. Greene St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 6523

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 October

4. Place of Birth, (Street and Number)

No 524 Washington Str

5. Full Name of Mother,

Cora Hochmann

6. Mother's Maiden Name,

Spiegel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Hochmann

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Louisa Schutte

Address,

No 528 Washington Str.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *1524*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Oct 11/88*
4. Place of Birth (Street and Number) *909 Cedar Row*
5. Full Name of Mother *Mary Jane Smith*
6. Mother's Maiden Name *Mary Jane Jackson*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Alfred Smith*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Horvath, Md.*
- Address *344 W. Biddle St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 6525

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) white

3. Date of Birth, 11 October

4. Place of Birth, (Street and Number) 112 N. Bond St

5. Full Name of Mother, Minnie Golan

6. Mother's Maiden Name, Consad

7. Mother's Birthplace, Europe

8. Full Name of Father, Joseph Golan

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Allig

Address,

1302 Holland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2 6526
Male
W
Oct. 12th 1888
930 N. Broadway
Francisco Lusk
" " Luke
Will. J. Lusk
Taylor
Bohemia
Josephine (mailed)
1621 Barnes

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A 1524

1. Sex (state whether male or female),

m

2. Race or Color (if not of the white race),

m

3. Date of Birth,

Oct 12th 1888

4. Place of Birth (Street and Number),

1820 Park Ave

5. Full Name of Mother,

Mrs Lois Leonard

6. Mother's Maiden Name,

Cannon

7. Mother's Birthplace,

Phil^a

8. Full Name of Father,

Gustavus Leonard

9. Father's Occupation,

Physician

10. Father's Birthplace,

Phil^a

Name of Medical Attendant, or other person, who makes this Return.

Dr R Winstan

Address,

1 Mt Royal Terrace

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*This is the eighth
child A. 6528
White*

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Born 12th October

4. Place of Birth (Street and Number),

No 1411 Dickerson St

5. Full Name of Mother,

Rose Agnes Kelly

6. Mother's Maiden Name,

Rose Kelly

7. Mother's Birthplace,

Born County Antrim Ireland

8. Full Name of Father,

John Thomas Kelly born Ireland

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Chas. Mortimer

Address,

10 10 45 Hubbard Street

Remarks,

Locust Point

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A 6529*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Oct 12/89*
4. Place of Birth, (Street and Number) *113 S Arlington Ave*
5. Full Name of Mother, *Carrie M Thornton*
6. Mother's Maiden Name, *Carrie M Hale*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Percy C Thornton*
9. Father's Occupation, *Matress Maker*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other person who makes this Return, *Susan Thornton*
- Address, *23 W Pappellton St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (6th) Sixth 6530
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, October 12th 1888
4. Place of Birth. (Street and Number) 211 Cedar Avenue
5. Full Name of Mother, Emma L. Young
6. Mother's Maiden Name, Emma L. Davis
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, William Nelson Young
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore County
- Name of Medical Attendant, or other person who makes this Return, Wm R. Neville
- Address, Woodbury Baltimore County Md
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ M, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

White A 6531

John Boising

white

12 October 1888

Hoffmann Str. 2049

Agatha Boising

Thirshgasner

Baltimore

John Boising

Lecherer

Baltimore

Maria Mayer 3100 N 19th

Anna

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child* *2* *6532*

1. ☒ x, (State whether male or female) *white Franz Josef Müller*

2. Race or color, (if not of the white race) *white*

3. Date of Birth. *12 October 1888 Ann St 1710*

4. Place of Birth, (Street and Number) *Ann St 1710*

5. Full Name of Mother. *Maria Theresina Müller*

6. Mother's Maiden Name. *Müller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Franz Josef Müller*

9. Father's Occupation, *Lab. B. Müller*

10. ☒ Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, *Maria Anna Meyer Biddle St 197*

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *Gold*
Date of Birth, *12th of October 1888*
Place of Birth, (Street and Number) *Baltimore 1130 Douglass street*
Full Name of Mother, *Arabella Giddings*
Mother's Maiden Name, *Williams*
Mother's Birthplace, *Hent County*
Full Name of Father, *Francis Giddings*
Father's Occupation, *Laborer*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs Caroline Gordon*
Address, ~~1134~~ *Gibbs Court 153*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

4
Male

653

Oct 12/38

No 2314 Canton Ave.

Maggie Killmann
Häbner

Baltimore

Thomas Killmann
Engineer

Baltimore

Mrs. Louise Craft.

No 405 S. Washington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d A 6535*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 12 1888*

4. Place of Birth, (Street and Number) *Joneses St 1354 No*

5. Full Name of Mother, *Elvay Hoffman*

6. Mother's Maiden Name, *Elvay Peter*

7. Mother's Birthplace, *Geneva*

8. Full Name of Father, *Cristin Hoffman*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Geneva*

Name of Medical Attendant, or other person who makes this Return, *Elvay Hoffman*

Address, *1619 Cuba St*

Remarks, *Baltimore*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 6536
 1. Sex, (state whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Oct 12/88
 4. Place of Birth, (Street and Number) cor High and Pratt Sts.
 5. Full Name of Mother, Yeta
 6. Mother's Maiden Name, Amis
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Barnet Stark
 9. Father's Occupation, Preser
 10. Father's Birthplace, Russia
 Name of Medical Attendant, Rebecca Kaplan or other person who makes this Return.
 Address, 107 Broad Alley
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *A. 1537*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race).

3. Date of Birth, *Oct 12th / 88*

4. Place of Birth, (Street and Number) *908 Garrison Ave*

5. Full Name of Mother, *Oella Christie*

6. Mother's Maiden Name, *Galloway*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *H. Christie*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return. *D. H. Reide M.D.*

Address, *Harvey*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~1st~~ 1st A 6538

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth.

Oct. 12. 1898

4. Place of Birth, (Street and Number)

2030 Jefferson St.

5. Full Name of Mother,

Mrs. Annie King Searley

6. Mother's Maiden Name,

Miss Annie King

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Geo. Wesley Searley

9. Father's Occupation,

Sail Maker

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant,

or other person who makes this Return.

Dr. G. W. Smith

Address,

2000 E. Balt. St.

Remarks,

Forces delivered

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 95th 6539
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Friday Oct 12th 1883
4. Place of Birth, (Street and Number) No 415 Payson St.
5. Full Name of Mother Lizzie Schapas
6. Mother's Maiden Name Lizzie Giltz
7. Mother's Birthplace Balt. Md
8. Full Name of Father Harry Schapas
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md.
☒ Name of Medical Attendant, or other Person who makes this Return. Catherine Gell.
Address 48 377 Bantline St
Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 1540

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Negro

3. Date of Birth,

Oct 12, 58

4. Place of Birth, (Street and Number)

#154 H. Baile St.

5. Full Name of Mother,

Olga Thomas

6. Mother's Maiden Name,

Cook

7. Mother's Birthplace,

Baile Co

8. Full Name of Father,

James Thomas

9. Father's Occupation,

Driver

10. Father's Birthplace,

Carroll Co

Name of Medical Attendant, or other person who makes this Return.

B. B. Ullrich M.D.
Pratt Street St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 6547

1. Sex, (state whether male or female) female
 2. Race or color, (if not of the white race) white
 3. Date of Birth, October 12 1888
 4. Place of Birth, (Street and Number) 2052 bank st.
 5. Full Name of Mother, Elizabeth Simme
 6. Mother's Maiden Name, Elizabeth Roda
 7. Mother's Birthplace, Baltimore city
 8. Full Name of Father, Joseph Simme
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore city
- ☒ Name of Medical Attendant, or other person who makes this Return Mary Conner
 Address, 424 Patterson Park ave
 Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A* *6542*

1. Sex (state whether male or female), *Male*
2. ☒ Race or Color (if not of the white race), *Colored*
3. Date of Birth, *October 12th 1888*
4. Place of Birth (Street and Number), *No 517 N. Central Ave*
5. Full Name of Mother, *Elsie G. Waters*
6. Mother's Maiden Name, *" " Smith*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Theodore Waters*
9. Father's Occupation, *Drayman*
10. Father's Birthplace, *Baltimore City*

☒ Name of Medical Attendant, or other person who makes this Return.

Address, *Anelia Johnson*
No 1024 Park Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth 1st A. 6543

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 13th, 1888

4. Place of Birth (Street and Number),

10202 North Liberty

5. Full Name of Mother,

Mrs. Mary Elizabeth Glass

6. Mother's Maiden Name,

Mrs. Mary E. Valentine

7. Mother's Birthplace,

Trenton, N. Jersey

8. Full Name of Father,

Mr. Thomas J. Glass

9. Father's Occupation,

Potter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

Dr. J. M. Anderson, M.D.

Address,

1700 E. Fayette St. Broadway

Remarks,

See Dr. J. M. Anderson (M.D.)
No. 2034 Eastern Avenue

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* 544

1. Sex, (State whether male or female) *Female* *Bridget Gore*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 13 1894*

4. Place of Birth, (Street and Number) *Baltimore 1127 Herbert St.*

5. Full Name of Mother, *Bridget Gore*

6. Mother's Maiden Name, *Miss O'Connell*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James William Ferguson*

9. Father's Occupation, *Carriage*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *John J. Hall*

Address, *1819 Cuba St*

Remarks, *Baltimore*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

A. 1546

1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *13th Oct. 1898*
4. Place of Birth, (Street and Number) *226 S. Pat. Park Ave.*
5. Full Name of Mother, *Elle Madora Brooks*
6. Mother's Maiden Name, *Lloyd*
7. Mother's Birthplace, *England*
8. Full Name of Father, *John Thomas Brooks*
9. Father's Occupation, *City*
10. Father's Birthplace, *Manufacturing Chemist*
- Name of Medical Attendant, or other person who makes this Return, *E. P. Brown M.D.*
- Address, *1835 E. Baltimore St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A 65716

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

October 13th

4. Place of Birth, (Street and Number)

Baltimore 1227 St. Hubert

5. Full Name of Mother,

Catherine Mc Donnell

6. Mother's Maiden Name,

Catherine Mc Donnell

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas J. Lynn

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

1619 E. Hubert St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3A 1577

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 13/88

4. Place of Birth, (Street and Number)

No 604 S. Duham St

5. Full Name of Mother,

Annie Gray

6. Mother's Maiden Name,

Seibel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Gray

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mrs Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 6548

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 13

4. Place of Birth, (Street and Number) Greenmount Av 1004

5. Full Name of Mother, Emmie Florence Spearman

6. Mother's Maiden Name, Emmie Florence Brown

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Michel Spearman

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Sarah Weiden

Address, 936 Greenmount Av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 5579
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) White
Date of Birth, Oct the 13th 1888
Place of Birth, (Street and Number) 112 Fiske St 1003
Full Name of Mother, Maggie Fager
Mother's Maiden Name, Ellen Peterson
Mother's Birthplace, Baltimore
Full Name of Father, ~~Joseph Fager~~ Gose Fager
Father's Occupation, Carpenter
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return W. A. Ledley
Address, 1004 Lexington
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Oct 10. 1888

A

10.50

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Belle Oct 13 1888

4. Place of Birth, (Street and Number) 220 Madison Alley

5. Full Name of Mother, Mary Kraslowski

6. Mother's Maiden Name, Mary Zipp

7. Mother's Birthplace, Germany

8. Full Name of Father, Anton Kraslowski

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary Freund.

Address, 100 N. 1st St.

Remarks, City

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Last Child 1st*
1. ☒ (State whether male or female) *Female 8651*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *October 13th 1888*
4. Place of Birth, (Street and Number) *1521 New st.*
5. Full Name of Mother, *Connie Lee*
6. Mother's Maiden Name, *Jennie Schaefer*
7. Mother's Birthplace, *Lafayette Co.*
8. Full Name of Father, *Hugh Lee*
9. Father's Occupation, *Artist*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Wm. H. A. Meyer M.D.*
- Address, *Gay & Dallas sts.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A. 1002

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 13th 1888

4. Place of Birth, (Street and Number)

1730 - Grand Hill Ave

5. Full Name of Mother,

Maggie Demberly Downs

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Millon Burnett Downs

9. Father's Occupation,

Bookkeeper

Father's Birthplace,

Coast Guard, Ala

Name of Medical Attendant, or other person who makes this Return.

D. H. H. M. D.

Address,

2100 - Mid Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1553

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct 13th 1888

4. Place of Birth, (Street and Number)

572 Walnut Alley

5. Full Name of Mother,

Lizzie Molson

6. Mother's Maiden Name,

Lizzie Bell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Molson

9. Father's Occupation,

Dryman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Arthur Colance

Address,

508 Pearson Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balt Oct 18. 1888 A. 6554

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Balt Oct 18. 1888

4. Place of Birth, (Street and Number) 415 Chappell St.

5. Full Name of Mother, Barbara Chert

6. Mother's Maiden Name, Barbara Eadsbrecht

7. Mother's Birthplace, America

8. Full Name of Father, John Chert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 712 N. Wolfe St.

Remarks, 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd A. 6556

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White - Irish Parentage

3. Date of Birth Oct. 17th 1888

4. Place of Birth, (Street and Number) 235 Glen Edwards Avenue

5. Full Name of Mother, Anastasia Murray

6. Mother's Maiden Name, " Walsh

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Murray

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, Eugene F. Cordell, M.D.
or other Person who makes this Return.

Address, 2221 Oak St. Balto.

Remarks, Normal Labor

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 5538

Sex, (whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

October 14, 1888

Place of Birth, (Street and Number)

2110 Jefferson Place

Full Name of Mother,

Lie Johnson

Mother's Maiden Name,

Mathews

Mother's Birthplace,

Balt. Co. Md.

Full Name of Father,

Roscoe Johnson

Father's Occupation,

Real Estate

Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

A. Tinsley M.D.

Address,

2029 S. Paul St

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 B. 6558

Sex, ☒ whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

October 14, 1888

Place of Birth, (Street and Number)

2110. Jefferson Place.

Full Name of Mother,

L. E. Johnson

Mother's Maiden Name,

Mathews

Mother's Birthplace,

Baet. Co. Md.

Full Name of Father,

Roselee Johnson

Father's Occupation,

Real Estate

Father's Birthplace,

New York

Name of Medical Attendant, or other Person who
makes this Return

A. Tinsley M.D.

Address,

2029 S. Paul St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th E. 6337
1. Sex (state whether male or female), Female
2. or Color (if not of the white race), White
3. Date of Birth, October 14 1885
4. Place of Birth (Street and Number), No 5 e Preston
5. Full Name of Mother, Mattie R. Pealman
6. Mother's Maiden Name, " Cooper
7. Mother's Birthplace, Ind
8. Full Name of Father, Benj. Cathell Pealman
9. Father's Occupation, Comm. Merchant
10. Father's Birthplace, Ind
- Name of Medical Attendant, or other person who makes this Return. C. B. Giamelli
- Address, 925 Cathedral
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether ~~male~~ or female)

Race or Color, (if not of the white race) W.

Date of Birth, Oct. 14th - 1888

Place of Birth, (Street and Number) 415 - 4th St -

Full Name of Mother, Florence Teresa Vogel

Mother's Maiden Name, " " Gallagher

Mother's Birthplace, Centerville - Land annis Co.

Full Name of Father, William Lewis Vogel

Father's Occupation, Printer

Father's Birthplace, Towson town Baltimore Co.

Name of Medical Attendant, or other Person who makes this return

Address, A. B. Heav M.D.
713 York Road

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 6537

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 14, 1888.

4. Place of Birth, (Street and Number) 1111 Etting

5. Full Name of Mother, Mary Catherine Hornigaw

6. Mother's Maiden Name, " " Lindsell

7. Mother's Birthplace, Balto. City. Md.

8. Full Name of Father, John P. Hornigaw

9. Father's Occupation, Brush Finisher

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

D. Edward Janney, M.D.

Address,

837 W. E. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A. 6550
 1st
 White
 Dec 14th 1888
 1428 High St
 Mary A Fitzgerald
 "W.", Stokes
 Baltimore
 J. W. Fitzgerald
 Merchant
 Baltimore
 Wheeler Packard M.D.
 914 N. Charles St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *Fourth A 6531* Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *American*

3. Date of Birth, *October 1st 1888*

4. Place of Birth. (Street and Number) *No 252 N. Pine Str*

5. Full Name of Mother, *Maria Magdalena Vitt*

6. Mother's Maiden Name, *Maria McMahon*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Gustave Adolph Vitt*

9. Father's Occupation, *Operator*

10. Father's Birthplace, *St. Louis Mo*

Name of Medical Attendant, *Susan Hunter* or other person who makes this return.

Address, *23 N. Poppleton St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1- A 5572

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

October 14 1888

4. Place of Birth (Street and Number),

574 Walnut ally

5. Full Name of Mother,

Louisa Corpral

6. Mother's Maiden Name,

~~574~~ Louisa Robeabertson

7. Mother's Birthplace,

Calhoun Md

8. Full Name of Father,

John Corpral

9. Father's Occupation,

Walter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Mary Ann Mason

Address,

537 Walnut ally

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

A. 6583

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 14th. 1888.

4. Place of Birth, (Street and Number)

612 Mosher

5. Full Name of Mother,

Mary Lizzie Glanding

6. Mother's Maiden Name,

Cole

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Thos. H. Glanding

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

J. B. Swinton, M.D.

Address,

1831 Madison Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 65841

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Color and*

3. Date of Birth, *Born 1/4*

4. Place of Birth, (Street and Number) *230 Chestnut Street*

5. Full Name of Mother, *Ida Down*

6. Mother's Maiden Name, *Ida Bausen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm Bausen*

9. Father's Occupation, *gives coal cart*

10. Father's Birthplace, *Born in Philadelphia*

Name of Medical Attendant, or other person who makes this return, *Dr. Key Thomas*

Address, *308 Queen Street*

Remarks, *Baltimore*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 child 6555
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, The 14 of October
Place of Birth, (Street and Number) 1315 Stockton Street
Full Name of Mother, Barba Raycob
Mother's Maiden Name, Barba Fulner
Mother's Birthplace, Baltimore
Full Name of Father, Charlie Raycob
Father's Occupation, Labor
Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return. Mrs. Donnelly
Address, 1635 Little Walsh St.
Remarks, None

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 6586

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sunday 4 45 o'clock Pm Oct 14th 1888

4. Place of Birth, (Street and Number) 1012 Chesapeake St

5. Full Name of Mother Margaret Betz

6. Mother's Maiden Name Margaret Schermer

7. Mother's Birthplace Germany

8. Full Name of Father Jacob Betz

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. E. J. Richard M.D.

Address 3830 O'Donnell St

Remarks Bouch presentation turned delivered feet foremost Both Mother and Child are now doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 6567

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

19. Oct. 1888

4. Place of Birth, (Street and Number)

Palmer Street No. 12

5. Full Name of Mother,

Mary Lehn

6. Mother's Maiden Name,

Fassellberg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andreas Lehn

9. Father's Occupation,

Marshallman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Caroline Thway Ford Street No. 334

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

6568

1. Sex, (state whether male or female) male
 2. Race or color, (if not of the white race) white
 3. Date of Birth, October 14 1888
 4. Place of Birth, (Street and Number) 246 Eastern Avenue
 5. Full Name of Mother, Annie Steinmetz
 6. Mother's Maiden Name, Annie Leckel
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Steinmetz
 9. Father's Occupation, Paper Hanger
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary Conner
- Address, 424 Patterson Park Ave
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5^d 6564

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 15, 1888

4. Place of Birth, (Street and Number)

Genrat Ave 1360 No

5. Full Name of Mother,

Louise Wooln.

6. Mother's Maiden Name,

Louise Pegg

7. Mother's Birthplace,

Genena

8. Full Name of Father,

Adolf Wooln

9. Father's Occupation,

Labor

10. Father's Birthplace,

Genena

Name of Medical Attendant, or other person who makes this Return.

Mrs Ethel

Address,

1819 Cuba St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th* *A 6570*
 Sex, (State whether male or female) *male*
 Race or color, (if not of the white race) *white*
 Date of Birth. *Oct. 15th 1888*
 Place of Birth, (Street and Number) *131 N. Hill St*
 Full Name of Mother, *Christina Paige*
 Mother's Maiden Name, *Fisher*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Amie Paige*
 Father's Occupation, *carver*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return. *Dr. Laney 10 Barclay Bldg.*
 Address, *108 N. Cornhill St*
 Remarks, *Period of gestation about 7 1/2 months*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 2 6571

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 15th 88

4. Place of Birth, (Street and Number)

N^o 423 Madeira St

5. Full Name of Mother,

Kate Kummer

6. Mother's Maiden Name,

Bailey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Kummer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mrs. Louise Kraft

Address,

N^o 4050 Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *A 6572*
1. Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *white race.*
3. Date of Birth, *Oct the 15th* *1888*
4. Place of Birth (Street and Number), *1836 76 avenue St*
5. Full Name of Mother, *Barbara August Mengert*
6. Mother's Maiden Name, *Barbara August Ziefner.*
7. Mother's Birthplace, *Heurtenberg Prussia Germany*
8. Full Name of Father, *Conrad Mengert.*
9. Father's Occupation, *Wagonmaker*
10. Father's Birthplace, *Heurtenberg Germany*
- Name of Medical Attendant, or other person who makes this Return. *Henry Maria Goller*
- Address, *1703 76 avenue St*
- Remarks, *Baltimore City Md*

For each offence, to be recorded as other fines and forfeitures are recoverable, and any such person or persons

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third A 6573*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Oct 15 - 1888*

4. Place of Birth, (Street and Number) *2329 - N. Calver St.*

5. Full Name of Mother, *Mary Henry Bainbridge*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Hartford County Md.*

8. Full Name of Father, *Charles M. Bainbridge*

9. Father's Occupation, *Manufacturer*

10. Father's Birthplace, *Nashville Tenn*

Name of Medical Attendant, or other person who makes this Return, *Dr. Quinn M.D.*

Address, *2100 - N. Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4 Child 1574

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Female

3. Date of Birth,

Dec 14 1884 15 October 1887

4. Place of Birth, (Street and Number)

No 1034 Central Ave

5. Full Name of Mother,

Anna Christ

6. Mother's Maiden Name,

Mary Ann

7. Mother's Birthplace,

Green Spring Valley

8. Full Name of Father,

John Christ

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Cal. Ind.

Name of Medical Attendant, or other person who makes this Return.

John Christ

Address,

1034 Central Ave

Remarks,

Cal. Ind.

attendance upon the mother, unless the mother is a resident of Baltimore City, in the manner and within the time specified in the regulations of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Δ 65-75

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 15th 1888

4. Place of Birth, (Street and Number)

5102 St. Conway

5. Full Name of Mother,

Ann O. Gillingham

6. Mother's Maiden Name,

" " McCubrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis W. Quinner

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Thyodan G. G. M.D.

Address,

101 N. Charles St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 15th 1888*

4. Place of Birth, (Street and Number) *738 Light St*

5. Full Name of Mother, *Rosae Granger*

6. Mother's Maiden Name, *Rosae Mason*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Joseph Granger*

9. Father's Occupation, *Ship Broker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *L. B. Abbott M.D.*

Address, *307 Warren St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

female

Oct. 15th 1888

1888

618 Barnes
Mary Bertram

" " Maryan
Ireland

John Bertram
Laborer

Ireland

Josephine Conrad
1621 Barnes

RETURN OF A BIRTH

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ Male, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2 A. 6375
Female

1040 Abbott St.
Oct. 15th 1888

Anie Oberdaiter
Solomon

Germany
Joseph Oberdaiter
Laborer

Germany
Josephine Conrad
1620 Barnes

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

12 - 72 A 6579
Male

Oct. 15 - 1858

1618 Barnes

Josephine M^e Ness

" " Moring

Ireland

John M^e Ness

Laborer

Ireland

Josephine (Cura)

1621 Barnes

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

6580

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 15 Oct.

4. Place of Birth, (Street and Number) 1125 Low St

5. Full Name of Mother, Lena Goldberg

6. Mother's Maiden Name, Rosenberg

7. Mother's Birthplace, Poland

8. Full Name of Father, Simon Goldberg

9. Father's Occupation, Taylor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Allig

Address,

1302 Holland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th A 5581

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

15 Oct

4. Place of Birth, (Street and Number)

940 Harford Ave

5. Full Name of Mother,

Mary C. Toole

6. Mother's Maiden Name,

J. Hall

7. Mother's Birthplace,

New York

8. Full Name of Father,

Michael C. Toole

9. Father's Occupation,

Bar. Under

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Green

Address,

940 A Gay St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. *100* Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 1552*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 15 1882*
4. Place of Birth (Street and Number) *212 North Sun Street*
5. Full Name of Mother *Mrs. Salie C. Gray*
6. Mother's Maiden Name *Salie C. Hall*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thos. C. Gray*
9. Father's Occupation *Staple*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. A. M. Shellen*
Address *No. 216 South Madison St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board' of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 6583

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Oct 16th 1888

3. Date of Birth.

4. Place of Birth, (Street and Number)

926 N. Durham

5. Full Name of Mother,

Anne Lejbor

6. Mother's Maiden Name,

" " Klipner

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Frank Lejbor

9. Father's Occupation,

Leborer
Bohemia

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Josephine Cane
1621 Barnes

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 A 6584

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

W

3. Date of Birth,

921 N. Wolfe
October 16th 1888

4. Place of Birth, (Street and Number)

Marie Kaspar
Holub

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Kaspar
Shoemaker

9. Father's Occupation,

Bohemia

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Conner
1621 Barne

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

63-85

Male

White

Oct. 16th 88

Hyattsville, 1007

Angonia Leclercq

" Paris

Washington D.C.

Wm. E. Leclercq

Proprietor Normal Conservatory

New York City

W. Leclercq

1007 Hyattsville Ave.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 6586

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 16th 88

4. Place of Birth, (Street and Number)

Baltimore 766 George St

5. Full Name of Mother,

Louisa Theresa Betz

6. Mother's Maiden Name,

Louisa Theresa Pickles

7. Mother's Birthplace,

Pattemore Md

8. Full Name of Father,

Albert Jacob Betz

9. Father's Occupation,

Book-keeper

10. Mother's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 N Bay Middleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A 6587*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the 'white race), *White*

3. Date of Birth,

October 16th 1888

4. Place of Birth (Street and Number),

2056 Eastern Ave

5. Full Name of Mother,

Hannora Nugent

6. Mother's Maiden Name,

Hannora Winkler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas J Nugent

9. Father's Occupation,

Engineer & Steamfitter

10. Father's Birthplace,

New Orleans La.

Name of Medical Attendant, or other person who makes this Return.

Henry C. Parnan

Address,

2114 Canton Ave.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- A. 6588*
- No. *First* Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 16 - 1888*
4. Place of Birth (Street and Number) *551 W. Dolphin St.*
5. Full Name of Mother *Hannah S. Walsh*
6. Mother's Maiden Name *Sullivan*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *David C. Walsh*
9. Father's Occupation *Letter Carrier*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *Thos. P. McConnekk M.D.*
- Address *1421 Eutar Place*
- Remarks

Over **RETURN OF A BIRTH**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* **A. 6589**

Name Adolph W. Blodheim
1. Sex, (state whether male or female) *male*

2. ☒ Race or Color, (if not of the white race) *white Hebrew*

3. Date of Birth, *October 16th, 1888.*

4. Place of Birth, (Street and Number) *No. 616 W. Biddle*

5. Full Name of Mother, *Bella Wiener Blodheim*

6. Mother's Maiden Name, *Bella Wiener*

7. Mother's Birthplace, *Baer's City*

8. Full Name of Father, *Solomon S. Blodheim*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baer's City*

Name of Medical Attendant, *Robert W. Mciffline M.D.*
or other Person who makes this Return.

Address, *(formerly 425 W. Saratoga) 321 W. Paca st*

Remarks, *City*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 65.90
 Name John Edwin Bennett
 1. Sex, (state whether male or female) Male.
 2. Race or color, (if not of the white race) White race.
 3. Date of Birth, Oct. 2nd 1888
 4. Place of Birth, (Street and Number) No 112 Gidding. St.
 5. Full Name of Mother, Emma. A. Bennett.
 6. Mother's Maiden Name, " Silence
 7. Mother's Birthplace, Frederick City
 8. Full Name of Father, Lewis T. Bennett
 9. Father's Occupation, Telegraph. op.
 10. Father's Birthplace, Frederick City
 Name of Medical Attendant, or other person who makes this Return. Annie. Green.
 Address, No. 1714 Light. St.
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth A. 6691*
 Sex, (State whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *October 17th 1888*
 Place of Birth, (Street and Number) *312 Detroit St Clifton*
 Full Name of Mother, *Venie Velker*
 Mother's Maiden Name, *Venie Christ*
 Mother's Birthplace, *Washington*
 Full Name of Father, *Fred J Velker*
 Father's Occupation, *Car Driver*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Swan Hunter*
 Address, *23 N Poppleton St*
 Remarks, ...

Printed by the City of Baltimore, under the authority of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

6572

1. Sex, (state whether male or female)

Female.

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct. 17th.

4. Place of Birth, (Street and Number)

1927 Lough St.

5. Full Name of Mother,

Kate Meyer.

6. Mother's Maiden Name,

Kate Mescher,

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Henry Meyer.

9. Father's Occupation,

Salesman.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Elrika Goetzke.

Address,

114 S Bond St.

Remarks,

GIVEN NAME ADDED, 9-5-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Margaret Firoved

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Second*

6593

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

17th of October 1888

4. Place of Birth, (Street and Number)

#106 Heath St West

5. Full Name of Mother,

Carrie Louise Firoved

6. Mother's Maiden Name,

" " Klein

7. Mother's Birthplace,

Balto state of Maryland

8. Full Name of Father,

Benj D Firoved

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Levittown Pa.

Name of Medical Attendant, or other person who makes this Return.

Address,

Pharmacia Pharmacy Real Road N. 834

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

A. 6594

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

17th October 1888

4. Place of Birth, (Street and Number)

Leight Street No 1129

5. Full Name of Mother,

Mari Meyer

6. Mother's Maiden Name,

Gilbert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Meyer

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Harbore Quay Port No 6334

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 6595

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, October 17, 1888

4. Place of Birth (Street and Number), Forrest St. 719

5. Full Name of Mother, Mary Catherine Burke.

6. Mother's Maiden Name, Mary Catherine Daugherty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Joseph Burke.

9. Father's Occupation, Limner

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ann Taylor

Address, Address No 41 Guilford Alley

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A. 6596*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *17 Oct*

Place of Birth, (Street and Number) *2624 Riegel St*

Full Name of Mother, *Hena Schilling*

Mother's Maiden Name, *H. Harrell*

Mother's Birthplace, *Germany*

Full Name of Father, *Henry Schilling*

Father's Occupation, *Driver*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Julia Greening*

Address, *140 P. Bay St*

Remarks,

any other person or persons who shall fail to file this return within the time specified shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 child A-697
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 17 of October
4. Place of Birth, (Street and Number) 1029 Pennsylvania avenue
5. Full Name of Mother, Mary Wolf
6. Mother's Maiden Name, Mary Monahan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wolf
9. Father's Occupation, Mechanist
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs. Doolley
Address, 1635 Little Walsh St
Remarks, None

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A. 6598

1. Sex, (state whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 17th 1888

4. Place of Birth, (Street and Number)

1521 Broadway
Christina Jetter

5. Full Name of Mother,

6. Mother's Maiden Name,

" Maria

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jos. L. Ketter

9. Father's Occupation,

Wagon

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Frederick Cooper M.D.
44 N. Charles St. 1888

Address,

Remarks,

jected to the fine of ten (\$10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st Child 5574

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

20 17th October 1888

4. Place of Birth, (Street and Number)

124 E. Calver

5. Full Name of Mother,

Augusta Spigel

6. Mother's Maiden Name,

Augusta Spigel

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Frederick A. Spigel

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Baden

Name of Medical Attendant, or other person who makes this Return.

Dr. J. H. Spigel

Address,

105 Calver St

Remarks,

1st Child

1888

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and for Rates We require

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 one A 6600
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth Oct 18 1888
4. Place of Birth, (Street and Number) Baltimore H27 S Dallas St
5. Full Name of Mother Martha Ann Stevens
6. Mother's Maiden Name Martha Ann Carr
7. Mother's Birthplace City of Baltimore
8. Full Name of Father Jeffrey James Stevens
9. Father's Occupation Scowman
10. Father's Birthplace Barnesville, Worcester Co. Md
- ☒ Name of Medical Attendant, or other Person who makes this Return. Miss Campbell
- Address 1401 Union Court
- Remarks Mother and Child are both well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A 6621*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Thursday October 18th*

4. Place of Birth, (Street and Number) *336 Woodward St Baltimore*

5. Full Name of Mother, *Mary J Schmidt*

6. Mother's Maiden Name, *Mary J Fleeman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John W Schmidt*

9. Father's Occupation, *Booster*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other Person who makes this Return *Mary Koning*

Address, *No 414 South Stricker St Baltimore Md*

Remarks, *Mother and Child are doing well.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 6602

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 10, 18, 1888.

4. Place of Birth. (Street and Number)

906 Grand St

5. Full Name of Mother,

Margaret Rodeneyer

6. Mother's Maiden Name,

" Orvus

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

John E. Rodeneyer

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return,

O. Edward Jannet, M.D.

Address,

837 N. Eutaw St

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th A. 6603

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 18

4. Place of Birth, (Street and Number)

818 St Peter st

5. Full Name of Mother,

Mary Gumpman

6. Mother's Maiden Name,

Mary Long

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles P. Gumpman

9. Father's Occupation,

Iron Finisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Susan Shumton

Address,

23 W Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d *Ashey*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18th 1888

4. Place of Birth, (Street and Number)

No 111 William St

5. Full Name of Mother,

Emma Wells

6. Mother's Maiden Name,

Emma Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Wells

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return.

W B Noble, M.D

Address,

307 Warren av

Remarks,

for each offense to be recovered as other laws and ordinances are venerable.

any such person or persons who do not hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 6605
Sex, (state whether male or female) Female
Race or color, (if not of the white race) White
Date of Birth, 19 Oct
Place of Birth, (Street and Number) 1402 Harford Ave
Full Name of Mother, Ella Sprankling
Mother's Maiden Name, " Cable
Mother's Birthplace, Balto
Full Name of Father, Charles Sprankling
Father's Occupation, Bookster
Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groeny
Address, 940 N. Gay St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME ADDED 11-27-53
Name: Mary Alice Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6606

Sex, (state whether male or female)

Female

2. Race, or color, (if not of the white race)

White

3. Date of Birth,

14th Oct, 1888

4. Place of Birth, (Street and Number)

S. W. Church Caroline St

5. Full Name of Mother,

Elizabeth Murray

6. Mother's Maiden Name,

" Washburn

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Robert A. Murray

9. Father's Occupation,

Food Dealer

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Grooms

Address,

140 V. Gay St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd A 6607
Sex, (state whether male or female) Female
Race or color, (if not of the white race) White
Date of Birth, 19 Oct
Place of Birth, (Street and Number) 1605 Squith St
Full Name of Mother, Elizabeth Schmidt
Mother's Maiden Name, " Kamm
Mother's Birthplace, Washington
Full Name of Father, Frederick Schmidt
Father's Occupation, Carpenter
Father's Birthplace, Washington
Name of Medical Attendant, or other person who makes this Return, Mrs Julia Gormy
Address, 4408 Bay St
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1608

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 19. 88.

4. Place of Birth, (Street and Number)

321 Federal St.

5. Full Name of Mother,

Lola M'Ewen.

6. Mother's Maiden Name,

" Justis.

7. Mother's Birthplace,

North Carolina

8. Full Name of Father,

John M'Ewen.

9. Father's Occupation,

Canada. Foreman

10. Father's Birthplace,

Canada

Name of Medical Attendant,

or other Person who makes this Return

Wm. A. B. Sullivan M.D.

Address,

3. E. Biddle St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 child A 6609
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 19 of October 1888
4. Place of Birth, (Street and Number) 1724 Bolton alley
5. Full Name of Mother, Maggie Schlitzky
6. Mother's Maiden Name, Maggie Veinar
7. Mother's Birthplace, Germany
8. Full Name of Father, Alexander Schlitzky
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this return. Mrs. Donnley
Address, 1635 little Walsh St
Remarks, None

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

△ 6610.

2. Sex (state whether Male or Female)

3. Race or Color (if not of the white race)

White

4. Date of Birth

Oct. 20th 1888

5. Place of Birth (Street and Number)

533 Bruce St.

6. Full Name of Mother

Edith K. Stewart

7. Mother's Maiden Name

Edith Kent

8. Mother's Birthplace

Maryland

9. Full Name of Father

Geo. W. Stewart

10. Father's Occupation

Laborer

11. Father's Birthplace

Maryland

12. Name of Medical Attendant, or other Person who makes this Return.

J. Dingling M.D.

Address

609 W. Franklin St

Remarks

Boys

RETURN OF A BIRTH

CERTIFICATE CORRECTED 3-24-35
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *Margaret Elizabeth Ratford*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* *A 6511*
Sex, (State whether male or female) *Girl*
Race or color, (if not of the white race) *White*
Date of Birth, *20th of October 1888*
Place of Birth, (Street and Number) *1900 E. Fairmount Ave 1105 St.*
Full Name of Mother, *Dora (Kater) Ratford*
Mother's Maiden Name, *Dora (Rayford) Kuch*
Mother's Birthplace, *Baltimore*
Full Name of Father, *George James (Rayford) Ratford*
Father's Occupation, *Engineer*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Crescentia Kunkel*
Address, *213 North Chapel St. per Christina Kunkel*
Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Oct 1888

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of not less than \$10 nor more than \$50, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9* A 6614
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *20 of October*
4. Place of Birth (Street and Number), *Alice ann st 1812 Baltimore*
5. Full Name of Mother, *Saura J Rayner*
6. Mother's Maiden Name, *Saura J Belleson*
7. Mother's Birthplace, *Barrel County*
8. Full Name of Father, *Edward Rayner*
9. Father's Occupation, *Saloon keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mary A. Dorman*
- Address, *2119 Canton Ave.*
- Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 8616

Sex, (state whether male or female) Male

Race or color, (if not of the white race)

Date of Birth, Oct 20th 88

Place of Birth, (Street and Number) 1418 Bank St.

Full Name of Mother, Pauline Sohn.

Mother's Maiden Name, Roth.

Mother's Birthplace, Baltimore,

Full Name of Father, John Sohn.

Father's Occupation, Salesman.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Ulrika Goetzke.

Address, 114 S Bond St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 6616
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Oct 20, 1888
4. Place of Birth, (Street and Number) 214 Commercial St.
5. Full Name of Mother, Sarah F. F. F.
6. Mother's Maiden Name, ...
7. Mother's Birthplace, ...
8. Full Name of Father, ...
9. Father's Occupation, ...
10. Father's Birthplace, ...
11. Name of Medical Attendant, or other person who makes this Return, ...
- Address, ...
- Remarks, ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

A. 6617

Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

October 20th 1938

4. Place of Birth, (Street and Number)

414 Conway Street

5. Full Name of Mother,

Louise Keeler

6. Mother's Maiden Name,

Louise Fisher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Johann Keeler

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Reynold Schlesinger

Address,

641 J. Poca Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child 6618

Sex, (State whether male or female)

Little Girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 20th of Oct 1888

4. Place of Birth, (Street and Number)

No 315 Bantelope st

5. Full Name of Mother,

Mrs Lanugfel

6. Mother's Maiden Name,

Miss Jurep

7. Mother's Birthplace,

Bayer Germany

8. Full Name of Father,

Mr Lanugfel

9. Father's Occupation,

Labor

Father's Birthplace,

Bayer Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Hiller

Address,

2127 W. 1st Pratt st

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 6619*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *October 20th 1888*
4. Place of Birth (Street and Number), *No 956 N. Howard St*
5. Full Name of Mother, *Adelaid Widgeon*
6. Mother's Maiden Name, *" Easter*
7. Mother's Birthplace, *Mathews Co Va*
8. Full Name of Father, *Wilson B. Widgeon*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Eastern-shore Md*
- Name of Medical Attendant, or other person who makes this Return. *Amelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A 6820

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

20th October 1888

4. Place of Birth, (Street and Number)

1012 Point Lane

5. Full Name of Mother,

Theresia Sellner

6. Mother's Maiden Name,

Hohenwarter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wenzel Sellner

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

Josephine Conrad
1621 Barne

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as often times as

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Henry Diesel*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

6621

Sex, (state whether male or female)

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

(Oct 20th)

4. Place of Birth, (Street and Number)

426

*426 S Dallas St.
Mary Diestel Diesel
Beck.*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

*Joseph Diestel Diesel
Tinner.*

9. Father's Occupation,

Baltimore.

10. Father's Birthplace,

*Ulrika Goetzke
114 S Bond St.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Printed to the line of ten cents dollars for each volume to be preserved in other parts and kept in the office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9th Child. A 5622*

1. Sex (state whether male or female), *Male.*

2. Race or Color (if not of the white race), *White Race.*

3. Date of Birth, *20th of October*

4. Place of Birth (Street and Number), *2044 Fountain Street.*

5. Full Name of Mother, *Mrs Rebecca Bernhardt.*

6. Mother's Maiden Name, *Rebecca Scott.*

7. Mother's Birthplace, *Baltimore City.*

8. Full Name of Father, *Mr John Bernhardt.*

9. Father's Occupation, *Brgr. Oyster Merchant*

10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, or other person who makes this Return.

Mary A. Dorman

Address, *2119 Linton Ave.*

Remarks,

For each offence, to be recovered as other fines and for offences not otherwise provided for.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A* *6623*

1. Sex, (State whether male or female). *Male*

2. Race or color, (if not of the white race). *White*

3. Date of Birth, *Oct 20th 1888*

4. Place of Birth, (Street and Number) *1920 Madison St.*

5. Full Name of Mother, *Mary Rafferty*

6. Mother's Maiden Name, *Mary McLaughlin*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Rafferty*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *Mary Hall*

Address, *503 N. Green*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered, as other laws and ordinances are respectively.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3th 6621

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 21/88

4. Place of Birth, (Street and Number)

1825 Albright St

5. Full Name of Mother,

Jennie Martin

6. Mother's Maiden Name,

Bloom

7. Mother's Birthplace,

Carroll County

8. Full Name of Father,

Edward F. Martin

9. Father's Occupation,

Railroad Conductor

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hoden

Address,

936 Greenmount Av

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first one A 6625*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown skin*
3. Date of Birth, *Oct 16 21 1888*
4. Place of Birth, (Street and Number) *Surry ann St No 620*
5. Full Name of Mother, *Ealer Johnson*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William Smith*
9. Father's Occupation, *Baltimore City*
10. Father's Birthplace, *Water*
- Name of Medical Attendant, or other Person who makes this Return. *Lidia V. Somerville*
- Address, *Clinton ave 616*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

4th 6625
Female
W

Oct. 21, 1888

N. Bond St 830

Mary Sima
Ruzicka
" " Bohemia

Emil Sima

Taylor
Bohemia

Josephine Conner
1621 Barnes

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 A 5627

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Oct. 21st 1888

3. Date of Birth,

4. Place of Birth, (Street and Number)

1626 Barnes

5. Full Name of Mother,

Mary Panuske

6. Mother's Maiden Name,

" Glucke

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Frank Panuske

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Cones

Address,

1621 Barnes

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th A 5528
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 21st 1888
4. Place of Birth (Street and Number) No 19 E Fort Avenue
5. Full Name of Mother Elizabeth Green
6. Mother's Maiden Name Elizabeth Swann
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Harvey Green
9. Father's Occupation Car Maker
10. Father's Birthplace Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return. J Edward Kirby MD
Address 645 Columbia Avenue
Remarks

any such person or persons who shall hereafter be convicted of any offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

for
" 5629

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 21st 85

4. Place of Birth, (Street and Number)

226 E Carey St.

5. Full Name of Mother,

Gemma Little

6. Mother's Maiden Name,

Gemma Little

7. Mother's Birthplace,

Petersburg Va

8. Full Name of Father,

Frank Little

9. Father's Occupation,

Barman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

B. B. Lummis M.D.

Address,

Pratt Stricker St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

A. 5630

1st Child

Female

White

The 22nd Oct 1888

No 1339 Beigessoth St

Christiana Miller

Christiana Miller

Baltimore

John Miller

Physician

Baltimore

John Miller

1010 1/2 E. Pratt St Baltimore

Ed. Med

1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 5630 1/2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fees and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child A. 1631
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 22 of October
4. Place of Birth, (Street and Number) 1324 fremond St
5. Full Name of Mother, Sara Spold
6. Mother's Maiden Name, Sara Reblen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Spold
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs Donnley
Address, 1035 little Walsh St
Remarks, none

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

6632

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 22 '88

4. Place of Birth, (Street and Number)

1812 Emmont Ave

5. Full Name of Mother,

Mary R. Parker

6. Mother's Maiden Name,

Halberts

7. Mother's Birthplace,

Balt. & Md

8. Full Name of Father,

Nelson Parker

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. & Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingsley

Address,

1206 E. Preston St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd B 6683

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 22, 1888

4. Place of Birth, (Street and Number)

1713 Guilford Ave

5. Full Name of Mother,

Ellen Miles Allen

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Norfolk Virginia

8. Full Name of Father,

J Byron Allen

9. Father's Occupation,

R. R. Officer

10. Father's Birthplace,

Annapolis Md

Name of Medical Attendant, or other Person who makes this Return

Ch. Tinsley M.D.

Address,

2029 St Paul St.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 6634*

1. Sex, (state whether male or female)

● Race or Color, (if not of the white race) *Pole Russian*

3. Date of Birth, *10. 22. 88.*

4. Place of Birth, (Street and Number) *126 Dover St*

5. Full Name of Mother, *Mary Ulchinsche*

6. Mother's Maiden Name, *Gardington (?)*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Vincent Ulchinsche*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

● Name of Medical Attendant, or other Person who makes this Return.

Address, *772 Lexington*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A 6635

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 23rd 6:40 A.M. 1888

4. Place of Birth, (Street and Number) 2009 Banks St.

5. Full Name of Mother, Maggie E. Lauffer

6. Mother's Maiden Name, M. E. Winter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Lauffer

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Balti.

Name of Medical Attendant, James E. Donnell M.D.
or other Person who makes this Return.

Address, 1731 E Baltimore Street

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 663

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 19, 88

4. Place of Birth, (Street and Number)

704 E. Eager St

5. Full Name of Mother,

Emma M. C. Wendel

6. Mother's Maiden Name,

Hansch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adolph F. Wendel

9. Father's Occupation,

Hay Packer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wooden

Address,

936 Greenmount Av

Remarks,

For persons who shall willfully neglect to register a birth, or for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd 6637

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

1st of Oct. 1888

4. Place of Birth, (Street and Number)

628 Exeter St

5. Full Name of Mother,

Ellen Rose

6. Mother's Maiden Name,

Elizabeth

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rose

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Dr. A. B. Smith

Address,

1022 E. 4th St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd A 6638

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 1 October 1

4. Place of Birth, (Street and Number) 1821 Antigua St

5. Full Name of Mother, Lizzy Scott

6. Mother's Maiden Name, Lizzy Travers

7. Mother's Birthplace, Taylor Island, Clarendon

8. Full Name of Father, Wm Scott

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Amy Bivens

Address, Wm Spriggs

Remarks, Amy Bivens, No 5 Williams St
Bot. Harman & Harlow

Any person who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6639

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 2. 88.

4. Place of Birth, (Street and Number)

1524 N. Gay St

5. Full Name of Mother,

Anna Goldman

6. Mother's Maiden Name,

Vaeth

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm. Goldman

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

Wm. A. Biddleman M.D.

Address,

5. E. Biddle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6640

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Oct 5th 88

4. Place of Birth (Street and Number),

No 1034 Redgely St

5. Full Name of Mother,

Marion E. Lemmon

6. Mother's Maiden Name,

Marion E. Lemmon

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John R. Lemmon

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore City

11. Name of Medical Attendant, or other person who makes this Return.

John G. Waples M.D.

Address,

No 330 W. Charles St

Remarks,

Who sends a return of a birth, and who sends a return of a death, will be provided with the provisions of the act, and shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 6641
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race). White
3. Date of Birth, 8 Oct
4. Place of Birth, (Street and Number) 1647 Spring & Landon
5. Full Name of Mother, Freda Lenneman
6. Mother's Maiden Name, " Sellingsloh
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhart Lenneman
9. Father's Occupation, Painter
10. Father's Birthplace, Germany
1. Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groves
- Address, 916 N. Gay St
- Remarks, _____

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A 6642

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth,

528 Lombard St.

4. Place of Birth, (Street and Number)

Oct 12, 1888

5. Full Name of Mother,

Julia Wilson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Mass.

8. Full Name of Father,

See

9. Father's Occupation,

Physician

10. Father's Birthplace,

Mass.

Name of Medical Attendant, or other person who makes this Return.

Dr. J. C. Wilson

Address,

111 Lombard St., Baltimore

Remarks,

Penalty in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 6643*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct 12th 1888*

4. Place of Birth, (Street and Number) *924 E. Chase*

5. Full Name of Mother, *Mary Fisher*

6. Mother's Maiden Name, *Heenan*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *John Fisher*

9. Father's Occupation, *clerk*

10. Father's Birthplace, *Balti Md*

Name of Medical Attendant, or other Person who makes this Return. *M. B. Billingslee*

Address, *1206 E. Pringle*

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 6644

Sex, (state whether male or female) Male

Race or color, (if not of the white race) Colored

Date of Birth, Oct 14, 88

Place of Birth, (Street and Number) 205 Prince St

Full Name of Mother, Ann

Mother's Maiden Name, Balle

Mother's Birthplace, James

Full Name of Father, John

Father's Occupation, Stone Mnd

Father's Birthplace, Vermont

Name of Medical Attendant, (or other person who makes this Return) Henry C. Jones

Address, 1121 Broadway

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. *Mar. A.* 6645

Sex, (state whether male or female)

Female

Race or color, (if not of the white race)

Colored

Date of Birth,

Oct 16, 1888

Place of Birth, (Street and Number)

113. Cairo St.

Full Name of Mother,

Fannie Wilson

Mother's Maiden Name,

West N. 1st

Mother's Birthplace,

San Wilson

Full Name of Father,

Register

Father's Occupation,

West N. 1st

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Mary E. Jones

Address,

121 S. Calver St. Baltimore

Remarks,

Jeered to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 5546*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 19th 1888*

4. Place of Birth, (Street and Number) *1010 N. Wolfe St.*

5. Full Name of Mother, *Cordelia Plummer*

6. Mother's Maiden Name, *Simpson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo W. Plummer*

9. Father's Occupation, *Carter*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other person who makes this Return *J. B. Schwatka M.D.*

Address, *10013 N. Broadway*

Remarks,

any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

6847

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct, 2 1888

4. Place of Birth, (Street and Number)

316 S. Payson St.

5. Full Name of Mother,

Agnes C. Lindner

6. Mother's Maiden Name,

" " Hennemann

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

George J. Lindner,

9. Father's Occupation,

Machine Operator.

Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

106 S. Morris St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child A 6648
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

October 8th 1888

4. Place of Birth, (Street and Number)

835 Columbia ave

5. Full Name of Mother,

Rumigunda Huckle

6. Mother's Maiden Name,

" " " Katheder

7. Mother's Birthplace,

Beirn

8. Full Name of Father,

William Huckle

9. Father's Occupation,

Cabinet maker

Father's Birthplace,

Hesen

Name of Medical Attendant, or other person who makes this return.

Annie Lindner

Address,

106 S. Mount St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 C. A. 6649

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

October 7th 1888

4. Place of Birth, (Street and Number)

#2012 Wilhelm St.

5. Full Name of Mother,

Sarah C. Kuhl

6. Mother's Maiden Name,

" " " Gell.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Kuhl.

9. Father's Occupation,

Boxster.

Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner,

Address,

#106 S. Monroe St.

Remarks,

Jeetied to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child A 6150

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct. 11th 1888

4. Place of Birth, (Street and Number)

245 - Pearl St.

5. Full Name of Mother,

Annie Levander.

6. Mother's Maiden Name,

Klenner.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Joseph Levander

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Amie Lindner

Address,

100 S. Howard St.

Remarks,

any such person or persons who shall have any willfully pay any sum of money to the Registrar of Vital Statistics, or to any other person, for the purpose of procuring the registration of a birth, shall be liable to a fine of ten dollars for each offence, to be recovered in other lines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child
Female

6651

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

October 12th 1888

4. Place of Birth, (Street and Number)

Lexington St. Extended.

5. Full Name of Mother,

Mary Siegfried.
Mrs.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Siegfried
Butcher.

9. Father's Occupation,

Herron.

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

#106 S. Monmouth St.

Remarks,

any such person or persons who shall neglect to file this Return, or who shall file a false Return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A. 1102

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct: 18th 1888

4. Place of Birth, (Street and Number)

1208. N. Charles Street

5. Full Name of Mother,

Mary Thom

6. Mother's Maiden Name,

Mary Golder

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Dr Courcy W. Thom

9. Father's Occupation,

Stock Broker

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return

A. P. Wilson M. D.

Address,

814 Park Avenue

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 Child A 6653
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

October 23 22/88

4. Place of Birth, (Street and Number)

2031 Ramsay St.

5. Full Name of Mother,

Caroline Gehring.

6. Mother's Maiden Name,

" " Hemmel

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Adam Gehring.

9. Father's Occupation,

Stonemason

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

1600 D. Morris St.

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this act, shall be fined to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 6654

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) col

3. Date of Birth, 24 October 1881

4. Place of Birth, (Street and Number) 1517 Eastern av

5. Full Name of Mother, Susan C. Bernal

6. Mother's Maiden Name, Susan C. Bernal

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Lutz

9. Father's Occupation, Teamster

10. Father's Birthplace, 413 South Dallas St Balto Md

11. Name of Medical Attendant, or other Person who makes this Return, Hester Benson

Address, 52 Herring court

Remarks, 1st 1st 1st 1st 1st

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d A. 1655
 Sex, (state whether male or female) Male.
 Race or color, (if not of the white race) White
 Date of Birth, 13th Oct - 88
 Place of Birth, (Street and Number) 653 Portland St.
 Full Name of Mother, Mary Rudolphi
 Mother's Maiden Name, Damer
 Mother's Birthplace, Penna.
 Full Name of Father, George C. Rudolphi
 Father's Occupation, Salesman
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.
 Address, 600 N Howard
 Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 6656

Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)..

white

3. Date of Birth,

Oct. 16, 1888

4. Place of Birth, (Street and Number)....

617 Cannon St.

5. Full Name of Mother,

Edith L. Cory

6. Mother's Maiden Name,

Edith West

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William L. Cory

9. Father's Occupation,

labour

Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Marv J. J. J. J.

Address,

2627 N. E. St.

Remarks,

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 6657*

Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Oct. 16, 1888*

4. Place of Birth, (Street and Number) *2525 Albia Anna*

5. Full Name of Mother, *Hannah Moss*

6. Mother's Maiden Name, *Hannah Williams*

7. Mother's Birthplace, *Wale*

8. Full Name of Father, *Joseph Moss*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Wale*

Name of Medical Attendant, or other person who makes this Return, *Mary T. Spayne*

Address, *721 E. Bayview*

Remarks,

See also to the line of the mother for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A 6658
 Sex, (state whether male or female) *Female*
 Race or color, (if not of the white race) *white*
 Date of Birth, *Oct. 17, 1888*
 Place of Birth, (Street and Number) *2104 Alice Avenue*
 Full Name of Mother, *Catharine Harman*
 Mother's Maiden Name, *Catharine Langley*
 Mother's Birthplace, *Balto.*
 Full Name of Father, *John Harman*
 Father's Occupation, *Can-maker*
 Father's Birthplace, *Balto.*
 Name of Medical Attendant, or other person who makes this Return. *Mary F. Lawrence*
 Address, *2104 Alice Avenue*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

6659

Sex, (state whether male or female)

Female

Race or color, (if not of the white race)

White

Date of Birth,

Oct. 20/88.

Place of Birth, (Street and Number)

1823 N. Calvert St

Full Name of Mother,

Emma V. Miller

Mother's Maiden Name,

Walpert

Mother's Birthplace,

Balto. Co. Md.

Full Name of Father,

William G. Miller

Father's Occupation,

Fertilizer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mon. Opie M.D.

Address,

600 N. Howard St

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-1-58
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harrison Norton Boston

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

A. 6660

Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct. 21, 1888

4. Place of Birth, (Street and Number)

502 E. Chestnut St.

5. Full Name of Mother,

Suzanna Boston

6. Mother's Maiden Name,

Suzanna Collins

7. Mother's Birthplace,

Ballo.

8. Full Name of Father,

James Boston

9. Father's Occupation,

Law-maker

Father's Birthplace,

Ballo.

Name of Medical Attendant, or other person who makes this Return.

Mary J. Swaine

Address,

26 Lyne,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c) *The first Child*
1. Sex, (state whether male or female) *female Child* *A. 6661*
2. Race or color, (if not of the white race) *Calar Child*
3. Date of Birth, *Monday Evening 22nd 5 Clock*
4. Place of Birth, (Street and Number) *102 Chestnut Street*
5. Full Name of Mother, *Minnie Larson*
6. Mother's Maiden Name, *Minnie Larson*
7. Mother's Birthplace, *Frederick City Md*
8. Full Name of Father, *Gorey Larson*
9. Father's Occupation, *stands in a store*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Dorothy Thomas*
- Address, *Dorothy Tomlinson*
- Remarks, *1114 Chestnut St*

fect to the fine of ten (10) dollars for each offence, to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 8662-

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 1 Oct 1888

4. Place of Birth, (Street and Number) 1607 Abbott St

5. Full Name of Mother, Anna Turck

6. Mother's Maiden Name, " Hindk

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Turck

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Mary Koptick

Address, 207 S Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 6663

2. Sex, (State whether male or female) Boy

3. Race or color, (if not of the white race) White

4. Date of Birth, Oct 7 '1888

5. Place of Birth, (Street and Number) 113 Madonia ally

6. Full Name of Mother, Mary Grain

7. Mother's Maiden Name, Wickham

8. Mother's Birthplace, Germany

9. Full Name of Father, George Grain

10. Father's Occupation, Tailor

11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptist

Address, 207 of Washington st

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offense, to be recovered in other cases and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 6664
1. Sex, (State whether male or female) Boy
 2. Race or color, (if not of the white race) White
 3. Date of Birth, 3 Oct 1888
 4. Place of Birth, (Street and Number) 1417 Pratt St
 5. Full Name of Mother, Liza Kret
 6. Mother's Maiden Name, Valk
 7. Mother's Birthplace, Bohemia
 8. Full Name of Father, James Kret
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return, Mary Koplik
- Address, 217 W Washington St
- Remarks, _____

Jeeted to the fine of ten (10) dollars for each offense, to be recovered on other lines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. Child, A 6666
2. Sex, (State whether male or female) Male,
3. Race or color, (if not of the white race) White.
4. Date of Birth, Monday Oct, 16th 1888,
5. Place of Birth, (Street and Number) 1223 Valley St.
6. Full Name of Mother, Ella E. Stone.
7. Mother's Maiden Name, Ella Epsler
8. Mother's Birthplace, Harrisburg, Pa.
9. Full Name of Father, John L. Stone.
10. Father's Occupation, Local Merchant,
11. Father's Birthplace, Westminster Md
- Name of Medical Attendant, or other person who makes this Return, William Brinton M.D.
- Address, Char. St. 5th Street Place,
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d A 6667
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 17th 1887
4. Place of Birth, (Street and Number) 1616 N. Gilman
5. Full Name of Mother Olivia Rice
6. Mother's Maiden Name Stump
7. Mother's Birthplace Balto
8. Full Name of Father Chas. W. Rice
9. Father's Occupation Butcher
10. Father's Birthplace Balto
- Name of Medical Attendant, or other person who makes this Return. M. Arm. Knorr
- Address 1401 Linden av
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 1668

Sex, (state whether male or female)

Male
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 17 1880

4. Place of Birth, (Street and Number)

609 N. Eutaw St.

5. Full Name of Mother,

Theresa E. Gahan

6. Mother's Maiden Name,

McNasty

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Jos. F. Gahan

9. Father's Occupation,

Bookkeeper

Father's Birthplace,

Balto Md.

Name of Medical Attendant, or other Person who makes this Return.

Chas. W. Fuller

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 6669

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

18 October 1881

4. Place of Birth, (Street and Number)

1117 Maryland av

5. Full Name of Mother,

Rose G. Warden

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Charles St. George

8. Full Name of Father,

Cyril Shuckles

9. Father's Occupation,

Baltimore

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Lucy Corbridge

Remarks,

906 Lombard city

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- A 6670*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary Wheeler 8th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *20th*
4. Place of Birth (Street and Number) *Baltimore 811 West St*
5. Full Name of Mother *Mary Wheeler*
6. Mother's Maiden Name *Mary Washington*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *James Wheeler*
9. Father's Occupation *Carter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Catherine Jones*
- Address *507 Cross St*
- Remarks *+*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 6671
1. Sex. (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Friday Sept. 21st 1888
4. Place of Birth, (Street and Number) 1028 N. Broadway
5. Full Name of Mother, Emma E. Hays.
6. Mother's Maiden Name, Emma E. McCaddes,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Hays.
9. Father's Occupation, Custom House Officer
Father's Birthplace, Baltimore Md.
Name of Medical Attendant, or other person who makes this Return, William B. Branton M.D.
Address, Char. St. & Corner Place
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child 6672

1. Sex, (State whether ~~male~~ female)

2. Race or color, (if not of the white race) White

3. Date of Birth, October 22nd 1888

4. Place of Birth, (Street and Number) E. Madison St. No 1206

5. Full Name of Mother, Anna Nickols

6. Mother's Maiden Name, Anna Wiedemayer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George F. Nickols

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Mary E. Miller

Address, N. Dallas St. No 184

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child A 6673*

☒ Sex, (State whether ~~male~~ or female)

2. Race or color, (if not of the white race) *White*

3. Date of Birth *October 22nd 1888*

4. Place of Birth, (Street and Number) *Granby St No 1052*

5. Full Name of Mother, *Mary Weber*

6. Mother's Maiden Name, *Mary Brendt*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Joseph Weber*

9. Father's Occupation, *Butcher*

☒ Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Miller*

Address, *N. Dallar St No 114*

Remarks,

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child A 6674

Sex, (State whether male or female)

male John Knick

2. Race or color, (if not of the white race)

white

3. Date of Birth.

22 Oct. or 1888

4. Place of Birth. (Street and Number)

Biddle St. 2039

5. Full Name of Mother,

Salitha Knick

6. Mother's Maiden Name,

" Leitic

7. Mother's Birthplace,

Friedrichs Co.

8. Full Name of Father,

John Knick

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Address,

Maria Anna Meyer Biddle St. 1937.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child* *5675*
 Sex, (State whether male or female) *Boy.*
 Race or color, (if not of the white race) *White.*
 Date of Birth, *23rd of October 1888.*
 Place of Birth, (Street and Number) *2107 Jefferson street.*
 Full Name of Mother, *Josephina Schildbach.*
 Mother's Maiden Name, *Josephina Hollan.*
 Mother's Birthplace, *Bohimean.*
 Full Name of Father, *Louis Hollan.*
 Father's Occupation, *Tailor.*
 Father's Birthplace, *Bohimian.*
 Name of Medical Attendant, or other person who makes this Return *Crescencia Kunkel.*
 Address, *213 North Chapel st. per Justina Kunkel.*
 Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child A 6876*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 23rd 1888*

4. Place of Birth, (Street and Number) *N. Eden St No 622*

5. Full Name of Mother, *Sophia Buxbaum*

6. Mother's Maiden Name, *Sophia Doell*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Buxbaum*

9. Father's Occupation, *Bracker*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St No 114*

Remarks,

Persons who are not citizens of the United States, or who are not citizens of the State of Maryland, or who are not citizens of the City of Baltimore, are not eligible to the office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child* *A-6677*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 24th 1888*

4. Place of Birth, (Street and Number) *Eastern Ave No 1023*

5. Full Name of Mother, *Minnie Schlimm*

6. Mother's Maiden Name, *Minnie Beck*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Louis Schlimm*

9. Father's Occupation, *Fireman*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Müller*

Address, *N. Dallas St No 114*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 6678

Sex, (State whether male or female) Male

Race or color, (if not of the white race) White

Date of Birth, Oct. 25th 1888

Place of Birth, (Street and Number) 2127 Jefferson St.

Full Name of Mother, Rachel A. Gilbert

Mother's Maiden Name, " " Fisher

Mother's Birthplace, Frederick Co. Md.

Full Name of Father, George J. Gilbert

Father's Occupation, Shoemaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James J. McNamee, M.D.

Address, 2228 E. Pratt St.

Remarks, Parturition - Period of Gestation 7 months

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 the* *A. 5679*
 Sex, (State whether male or female) *Boy*
 Race or color, (if not of the white race) *White*
 Date of Birth, *25 October*
 Place of Birth, (Street and Number) *1420 Alice Ann Street*
 Full Name of Mother, *Marie Lmudziejska*
 Mother's Maiden Name, *Wotzba*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *John Wotzba*
 Father's Occupation, *German*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, *Marie Guttner*
 Address, *428 S. Wolfe Street*
 Remarks, *To St. Alphonsus Chm Oct 26*
Under doctor Felix Brokowski 1641 Alameda

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child A 5680

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 25th 3rd M. 1888

4. Place of Birth, (Street and Number) Baltimore St.

5. Full Name of Mother, Mrs. Kate Turner

6. Mother's Maiden Name, S. C. Hamburger

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Samuel Turner

9. Father's Occupation, Street Sweeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Dr. C. D. Smith
or other Person who makes this Return.

Address, 701 E. Baltimore St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 6687

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

OCT 25 1885

4. Place of Birth, (Street and Number)

1604 Lexington St.

5. Full Name of Mother,

Mrs Emma Eckels

6. Mother's Maiden Name, Emma

7. Mother's Birthplace,

Cumberland Pa
Not Known

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

E. E. Greenish M.D.

Address,

Pratt Street Bldg -

Remarks,

Premature - 8 Months

Missing # A 6682 - # A 6687, incl

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th 6688*

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Oct 28 88

4. Place of Birth, (Street and Number)

#418 P. Place

5. Full Name of Mother,

Elizabeth J. Brown

6. Mother's Maiden Name,

E. J. Barnett

7. Mother's Birthplace,

Balto - City

8. Full Name of Father,

Thos. Lowell Brown

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Balto - City

Name of Medical Attendant, or other person who makes this Return.

George J. Staley, M.D.

Address,

#1628 Calvert St.

Remarks,

Jeeted to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A. 6689

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Oct. 7th 1888

4. Place of Birth, (Street and Number)

614 North Ave

5. Full Name of Mother,

Rose Albaugh

6. Mother's Maiden Name,

Rose Linticum

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Geo Albaugh

9. Father's Occupation,

Com. Merc.

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Mr. C. A. Lewis

Address,

602 Hanover St

Remarks,

within the period above required, except in the cases of the mother and child, the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Escher A 6690

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race). White

3. Date of Birth, Oct. 10th 1888

4. Place of Birth, (Street and Number) 17 Thames St.

5. Full Name of Mother, Katie Harris

6. Mother's Maiden Name, Katie Gondoski

7. Mother's Birthplace, Russia

8. Full Name of Father, Esonia Harris

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, O Scherman
or other person who makes this Return.

Address, etlhemarle st n 103.

Remarks,

any value of persons who shall return this form to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd *Lillia* 6691
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 11th 1888
4. Place of Birth, (Street and Number) Myrtle Ave.
5. Full Name of Mother, Lizzie Volder
6. Mother's Maiden Name, Lizzie Volder
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Volder
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
11. Name of Medical Attendant, or other person who makes this Return, O Scherman
- Address, at Baltimore St W 103.
- Remarks, _____

Any such person or persons who shall attempt to fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Third* *Hyman*
1. Sex, (state whether male or female) *Male* *A. 6692*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Oct 12th 1888*
4. Place of Birth, (Street and Number) *187 Harrison St*
5. Full Name of Mother, *Mary Lipnick*
6. Mother's Maiden Name, *Volpa*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Robert Lipnick*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Russia*
11. Name of Medical Attendant, or other person who makes this Return. *E. Scherman*
- Address, *Albemarle st w 103*
- Remarks.

any such person or persons, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st. A 6693*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *white*

Date of Birth, *13th Oct.*

Place of Birth, (Street and Number) *729 Cross st.*

Full Name of Mother, *Lou Brown*

Mother's Maiden Name, *" Granske*

Mother's Birthplace, *Balt.*

Full Name of Father, *John L. Brown*

Father's Occupation, *Cigar-maker*

Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return. *C. L. Boudinot*

Address, *418 S. Race st.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

jected in the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 5-6-55
Aaron Maurice Schwartz
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second* *Aaron*
1. Sex, (state whether male or female) *male* *A 6594*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Oct 14th 1888*
4. Place of Birth, (Street and Number) *819 Hancock St.*
5. Full Name of Mother, *Minnie Schwartz*
6. Mother's Maiden Name, *" Klien*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Jacob Schwartz*
9. Father's Occupation, *Peddler*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, or other person who makes this Return. *E. Scherman*
Address, *Albemarle st. no 103.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* - *Samuel*
1. Sex, (state whether male or female) *Male* *A. 6695*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Oct 17th 1888*
4. Place of Birth, (Street and Number) *S.W. cor High & Pratt Sts.*
5. Full Name of Mother, *Sophia Belschner*
6. Mother's Maiden Name, *Kernstill*
7. Mother's Birthplace, *Wurtemberg Germany*
8. Full Name of Father, *Paul Belschner*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Saxony Germ.*
- Name of Medical Attendant, or other person who makes this Return, *E. Scherman*
- Address, *Albemarle St W 103.*
- Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for non-compliance: If the provisions of this section shall be violated, the Registrar shall be liable to a fine of ten dollars for each offense, to be recovered against him and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child A. 6696

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Caucasian Race

3. Date of Birth,

Oct 17 1888

4. Place of Birth, (Street and Number)

2117 McCallum St

5. Full Name of Mother,

Lizzie Johnson

6. Mother's Maiden Name,

Lizzie Thompson

7. Mother's Birthplace,

Baltimore Johnson

8. Full Name of Father,

John Johnson Lumber

9. Father's Occupation,

Laborer

10. Father's Birthplace,

New Hampshire Va

Name of Medical Attendant, or other person who makes this Return.

Lucinda Wolford

Address,

432 S. Register St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh* *Henry*
1. Sex, (state whether male or female) *Male* *A. 6697*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Oct 17th 1888*
4. Place of Birth, (Street and Number) *432 S. Bond St.*
5. Full Name of Mother, *Eva Cohen*
6. Mother's Maiden Name, *" Jacob*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Abraham Cohen*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, *E. Scherman* or other person who makes this Return.
- Address, *Albemarle St. N 103*
- Remarks,

any person who neglects to file this return, or who files a false return, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 6098

1. Sex (state whether male or female), Male

☒ Race or Color (if not of the white race), White

3. Date of Birth, 19th October

4. Place of Birth (Street and Number), Belair Ave. #1731

5. Full Name of Mother, Emma Loring

6. Mother's Maiden Name, Emma L. Lorman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Pete Loring

9. Father's Occupation, Bar Tender

10. Father's Birthplace, Baltimore

☒ Name of Medical Attendant, or other person who makes this Return, Magdalene Brown

Address, 1600 N. Chester St.

Remarks, _____

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
Female
White
A. 6699

Oct 20th 1888

2017 Maryland Ave
Emma W. Stollum

" " 1 Burnett
Baltimore

Wm H Stollum

Commission Merchant

Baltimore

Theodore Cooper M.D.

714 Charles St

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 6700

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Oct 20 - 1888

4. Place of Birth, (Street and Number) #1300 W Lombard St

5. Full Name of Mother.

Mrs Ida May Rice

6. Mother's Maiden Name,

Ida May Thomas

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William S Rice

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs R A Gayleand

Address,

#1140 W Pratt St

Remarks,

Balt Md

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2nd* *A. 6701*
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *W*
3. Date of Birth, *Oct 20th*
4. Place of Birth, (Street and Number) *1506 Mt Henry St*
5. Full Name of Mother, *Matie Fisher*
6. Mother's Maiden Name, *R. Mack*
7. Mother's Birthplace, *Philadelphia*
8. Full Name of Father, *John Fisher*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return, *Mrs Mary Womgar*
- Address, *412 Schott St*
- Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

0. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) *Second* *A 6702*
1. Sex (state whether Male or ~~Female~~) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 21st 1888.*
4. Place of Birth (Street and Number) *No. 122 East Franklin St.*
5. Full Name of Mother *Mary Alderson*
6. Mother's Maiden Name *"Koller*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Abel Alderson*
9. Father's Occupation *Attorney at Law*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Ridgely Hammond M.D.*
- Address *No. 502 North Carey St.*
- Remarks

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 6703

- A. 6703
 Wm. J. White
 Oct 22nd 1888
 1031 Broadway Ave
 Emma G. Hakaland
 " " " Romosa
 Baltimore
 Wm. O. Hakaland
 Librarian
 Hartford Co. Md.
 Thos. D. Cooper
 94 N. Charles St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Frank Sudbrink

Male

White

23^d October 1888

Belair Ave = 1504

Fannie Sudbrink

Fannie Crutchley

Baltimore

Frank Sudbrink

Dayton

Baltimore

Margaret Brown

Woodchester St.

GIVEN NAME ADDED.

8-15-52

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frank Sudbrink 1704

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 23rd October 1888

4. Place of Birth (Street and Number), Belair Ave #1504

5. Full Name of Mother, Fannie Sudbrink

6. Mother's Maiden Name, Fannie Crutchley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Sudbrink

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdalena Baum

Address, 1600th Chester St.

Remarks, **GIVEN NAME ADDED.** 8-15-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

A 6705

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct. 23/1888

4. Place of Birth, (Street and Number) 519 Cross St

5. Full Name of Mother, Lettie Johnson

6. Mother's Maiden Name, Lettie Lyson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James H. Johnson

9. Father's Occupation, Cook

10. Father's Birthplace, Centerville Kent County

Name of Medical Attendant, or other Person who makes this Return, Catherine Wiley

Address, 1126 Russell St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3-

A 5706

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

23rd. of Oct.

4. Place of Birth, (Street and Number)

1013 Granby St.

5. Full Name of Mother,

Lizzie Grogan

6. Mother's Maiden Name,

Moran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Grogan

9. Father's Occupation,

Restaurant Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1023 Granby St.

Remarks,

RECEIVED BY THE REGISTRAR OF VITAL STATISTICS FOR BALTIMORE, TO BE RECOVERED AS OTHER FINES AND FORTIFICES ARE RECOVERABLE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2^d) 5787

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 23^d 1888

4. Place of Birth (Street and Number)

No. 301 S. Charles St.

5. Full Name of Mother

Mary A. Zubert

6. Mother's Maiden Name

Schulte

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

John D. Zubert

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

● Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

414 N. Greene

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 6708

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct - 23 - 28

4. Place of Birth, (Street and Number) 2114 Bancroft St.

5. Full Name of Mother, Wang Song

6. Mother's Maiden Name, Wang Wilson

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm Song

9. Father's Occupation, Machinist

10. Father's Birthplace, China

11. Name of Medical Attendant, Dr. H. C. Bussle, or other Person who makes this Return.

Address, 1713 B. Ave. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

A 6704

Sex, (state whether male or female)

Female -

Race or Color, (if not of the white race)

White

Date of Birth,

Oct 24th 1888.

Place of Birth, (Street and Number)

111 Light St

Full Name of Mother,

Mary E. Creighton

Mother's Maiden Name,

" Davis

Mother's Birthplace,

Dorchester Co. Md

Full Name of Father,

Charles A. Creighton

Father's Occupation,

Watchman

Father's Birthplace,

Dorchester Co. Md

Name of Medical Attendant,

or other Person who makes this Return

W. H. Bell M.D.

Address,

841 N. Eutan Dr

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10th

A 6710

Sex (state whether male ~~or female~~)

Race or Color, (if not of the white race)

Date of Birth,

October 25th 1888

Place of Birth, (Street and Number)

404 E. Fayette St

Full Name of Mother

Luinda Ella Gentry

Mother's Maiden Name,

Smith

Mother's Birthplace,

Baltimore

Full Name of Father,

Lewis W. Gentry

Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

W. L. Russell

Address,

200 N. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *5711*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 25th. 87.*
4. Place of Birth, (Street and Number) *# 1579 Mc Henry St.*
5. Full Name of Mother, *Sarah E. Curtis*
6. Mother's Maiden Name, *Sarah E. Thompson*
7. Mother's Birthplace, *Baltimore Co. Md.*
8. Full Name of Father, *George W. Curtis*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. H. C. Pugh M.D.*
- Address, *1120 W. Fayette St. Co. Carrollton Ar.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh* A. 1712

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *25th of September 1888*

4. Place of Birth, (Street and Number) *1107 Ridgely St*

5. Full Name of Mother, *Mary Margaret Cook*

6. Mother's Maiden Name, *Mary Margaret Macgaha*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William Henry Cook*

9. Father's Occupation, *Carter*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return. *Wm Bangs*

Address, *111 Cross St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Third Child*
 Sex, (state whether male or female) *A male child*
 2. Race or color, (if not of the white race) *of the white race*
 3. Date of Birth, *Oct 25th 1888*
 4. Place of Birth, (Street and Number) *No 1147, Cleveland St, Balto. Md*
 5. Full Name of Mother, *Mrs Charlotte Morepoe*
 6. Mother's Maiden Name, *Charlotte Miller*
 7. Mother's Birthplace, *York Co. Pa.*
 8. Full Name of Father, *Samuel Morepoe*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *State of New York*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Bangs*
 Address, *711 Cross St.*
 Remarks,

NOTICE: IN THE CASE OF THE REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES, THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, IS THE OFFICIAL TO WHOM THE RETURNS ARE TO BE MADE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *ninth*

A-5714

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *European*

3. Date of Birth *Oct. 25th 1888*

4. Place of Birth (Street and Number) *10 Madison St. Homestead Balt City*

5. Full Name of Mother *Caroline Margaret Sherwood*

6. Mother's Maiden Name *Meyer*

7. Mother's Birthplace *Balt. City Md*

8. Full Name of Father *George W. Sherwood*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Balt. City Md*

Name of Medical Attendant, or other Person who makes this Return.

A. J. Board M.D.

Address

*412 Jefferson Avenue Homestead
(Baltimore City Extended)*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

A

6715

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Oct 25 1888

4. Place of Birth (Street and Number),

346 Bartlett St

5. Full Name of Mother,

Sarah E Howard

6. Mother's Maiden Name,

2 a Byron

7. Mother's Birthplace,

City

8. Full Name of Father,

Bro A Howard

9. Father's Occupation,

Barber

10. Father's Birthplace,

12

Name of Medical Attendant, or other person who makes this Return.

Dr D Blake M

Address,

Crested Rock

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh A. 5715

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 26 - 88

4. Place of Birth, (Street and Number)

No 35 N. Patterson Park, Ave

5. Full Name of Mother,

Eva. S. Cullison

6. Mother's Maiden Name,

" " Gibson

7. Mother's Birthplace,

Md

8. Full Name of Father,

Benjamin M. Cullison

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 W. Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Y of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A 6717
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race).....

3. Date of Birth,

October 26 - 88

4. Place of Birth, (Street and Number)

1600 Milliman St

5. Full Name of Mother,

Emma Thistle

6. Mother's Maiden Name,

" Elliott

7. Mother's Birthplace,.....

Balto

8. Full Name of Father,

John W. Thistle

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary D. Allwell

Address,

9. W. Donogh St

Remarks,

ANY person who neglects to pay the fee of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, is liable to the fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 5718

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

26th. of Oct.

4. Place of Birth, (Street and Number)

6 S. Front St.

5. Full Name of Mother,

Rosa Wagner

6. Mother's Maiden Name,

Brecht

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Wagner

9. Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Granby St

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 6717*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Oct. 26/88

4. Place of Birth, (Street and Number)

No. 1106. Sharp. St.

5. Full Name of Mother,

Minnie. Kersey.

6. Mother's Maiden Name,

" Rippel

7. Mother's Birthplace,

Balta. Co. Md.

8. Full Name of Father,

Michael Kersey

9. Father's Occupation,

Saddler.

10. Father's Birthplace,

Salant.

Name of Medical Attendant, or other Person who makes this Return,

Annie. Green.

Address,

No. 1714. Light. St.

Remarks,

or persons who shall hereunder in testimony whereof, they shall sign their names and the date of the return, and for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 6720
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 October
4. Place of Birth (Street and Number) No 4 Leadenhall
5. Full Name of Mother Esther E. Smith
6. Mother's Maiden Name Heavins
7. Mother's Birthplace Baltimore City
8. Full Name of Father James T. Smith
9. Father's Occupation Teacher
10. Father's Birthplace Berlin, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. E. B. Smith
- Address 1603 Broadway St
- Remarks Healthy

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3^d) A. 5721*
2. Sex (state whether Male or Female) *Male*
3. Race or Color (if not of the white race) *White*
4. Date of Birth *October 26th 1888.*
5. Place of Birth (Street and Number) *745 Penna. Avenue*
6. Full Name of Mother *Carrie V. Kell*
7. Mother's Maiden Name *Shipley*
8. Mother's Birthplace *Baltimore Md.*
9. Full Name of Father *Wm. F. Kell*
10. Father's Occupation *Butcher*
11. Father's Birthplace *Baltimore, Md.*
12. Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
13. Address *414 N. Greene*
14. Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3 Child 6722

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth.

The 24 of Oct 1888

4. Place of Birth, (Street and Number)

No 1049 Somerset St

5. Full Name of Mother,

Mary Buchanan

6. Mother's Maiden Name,

Mary Murray

7. Mother's Birthplace,

Balti

8. Full Name of Father,

John Buchanan

9. Father's Occupation,

Collector

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs C. L. Lauer

Address,

No 10 59 Hartford Ave

Remarks,

Had M. d.

1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

A. 6723

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race). *white*

3. Date of Birth, *26 Oct.*

4. Place of Birth, (Street and Number) *948 Ct. Washington St.*

5. Full Name of Mother, *Pauline Schmidt*

6. Mother's Maiden Name, *Carhardt*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *John Schmidt*

9. Father's Occupation, *Bottler*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return. *Mrs Rose Allig*

Address, *1309 Kalland St*

Remarks, *Parents both Deaf and Dumb*

ected to the fine of ten (10) dollars for each offence to be recovered on other fines and penalties are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child. A. 6724

1. Sex, (State whether male or female)

Boy.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

27th of October 1888.

4. Place of Birth, (Street and Number)

412 North Wolf street.

5. Full Name of Mother,

Ida Stant.

6. Mother's Maiden Name,

Ida Glumb.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nicklas Glumb.

9. Father's Occupation,

Sore Scharper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Rescortin Kunkel

Address,

213 North Chapel St per Justina Kunkel

Remarks,

Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *3d*

A. 6725

Sex, (state whether male or female)

Male.

2. Race or color, (if not of the white race).

White race.

3. Date of Birth,

Oct. 25/88

4. Place of Birth, (Street and Number)

No 324 Winder St.

5. Full Name of Mother,

Annie Granger.

6. Mother's Maiden Name,

Wagner.

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

John Granger.

9. Father's Occupation,

Labor.

Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return,

Annie Granger.

Address,

No 1714 Light St.

Remarks.

Gauss. Respectfully

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.* *5725*
 1. Sex, (State whether male or female) *Girl.*
 2. Race or color, (if not of the white race) *White.*
 3. Date of Birth, *28th of October 1885.*
 4. Place of Birth, (Street and Number) *416 North Cassel Street.*
 5. Full Name of Mother, *Maggie Schmitt.*
 6. Mother's Maiden Name, *Maggie Reed*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *George Reed.*
 9. Father's Occupation, *Street Paver.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other person who makes this Return, *Crescentia Kunkel*
 Address, *213 North Chapel St. per Justina Kunkel*
 Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

2nd A. 6727

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

28th of Oct

4. Place of Birth, (Street and Number)

712 E. Baltimore St.

5. Full Name of Mother,

Mamie Gibbons

6. Mother's Maiden Name,

Reigler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Gibbons

9. Father's Occupation,

Furniture Business

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Gasper

Address,

1022 Granby St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A. 1738

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

28th of Oct.

4. Place of Birth, (Street and Number)

3211 Chestnut

5. Full Name of Mother,

Eliz. Ulrich

6. Mother's Maiden Name,

Bishop

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Ulrich

9. Father's Occupation,

Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Carpenter

Address,

1123 Granby St.

Remarks,

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* *A. 6729*

1. Sex, (State whether male or female) *Girl.*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *28th of October 1888.*

4. Place of Birth, (Street and Number) *177 North Condon Street.*

5. Full Name of Mother, *Theresa Zink.*

6. Mother's Maiden Name, *Theresa Marbach.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Gustav Marbach.*

9. Father's Occupation, *Wholesale*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return. *Eusebia Kunkel*

Address, *213 North Chapel St per Justina Kunkel.*

Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

A. 6730

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct. 28th

4. Place of Birth, (Street and Number)

726 St Peter St.

5. Full Name of Mother,

Ladie E. Unsworth

6. Mother's Maiden Name,

Arnold

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. L. Unsworth

9. Father's Occupation,

Jeweler

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return

J. H. W. Weber M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor.

Printed to the line of ten per dollars for each of these, to be recovered on other bills and functions are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 1731

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Oct 29/88

4. Place of Birth (Street and Number),

620 S. Euter, St

5. Full Name of Mother,

Lillian O Stryker

6. Mother's Maiden Name,

W. A. Alkman

7. Mother's Birthplace,

City

8. Full Name of Father,

Geo Stryker

9. Father's Occupation,

Litter Carrier

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Geo. B. Blake M.D.

Address,

Cooper St 44

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child 6732*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Oct 29 1888.*

4. Place of Birth, (Street and Number) *915 Birven st.*

5. Full Name of Mother, *Lizzie Kiegre.*

6. Mother's Maiden Name, *Walter.*

7. Mother's Birthplace, *America.*

8. Full Name of Father, *Albert Kiegre.*

9. Father's Occupation, *Piano-maker.*

Father's Birthplace, *America.*

Name of Medical Attendant, or other person who makes this Return. *J. Schwegler Midwife.*

Address, *1032 Hanover st.*

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other flag and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th child A 6733
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of October
4. Place of Birth, (Street and Number) 105. Brunt St
5. Full Name of Mother, Elizabeth Hasson
6. Mother's Maiden Name, Elizabeth O'Connor
7. Mother's Birthplace, England
8. Full Name of Father, Milton Hasson
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs. Dondley
Address, 1635 Little Walsh St
Remarks, none

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6734

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 29th 1881

4. Place of Birth, (Street and Number) 1230 Ireland St

5. Full Name of Mother, Hannah Elliott

6. Mother's Maiden Name, Hannah Smith

7. Mother's Birthplace, City

8. Full Name of Father, George Elliott

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. B. Saunders M.D.

Address, 819 E. Chase St.

Remarks, This is the 7th postnatal birth. The father is about 6³/₄ months old and is still alive. (No specific history)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d 6725

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Oct 20 '88
4. Place of Birth, (Street and Number) 923 Hunter St
5. Full Name of Mother. Mary Sophia Moore
6. Mother's Maiden Name. Jordan
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John H. Moore
9. Father's Occupation. Dyeing & Finishing
10. Father's Birthplace. Canada
11. Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M.D.
- Address. 1003 N. Broadway
- Remarks.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1) A 6736

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Monday Oct 1st 1888

4. Place of Birth, (Street and Number)

1130 Ridgely St. Balto Md

5. Full Name of Mother,

Mrs. Katie Hanson

6. Mother's Maiden Name,

Miss Katie Eitel

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James W. Hanson

9. Father's Occupation,

Clothing Trimmer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this return,

Mrs. Bangs

Address,

24 Cross St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 6737

1. State whether male or female

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st October 88

4. Place of Birth, (Street and Number)

402 Laurens St

5. Full Name of Mother,

Harriet G. Burlingham

6. Mother's Maiden Name,

Reed

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Charles S Burlingham

9. Father's Occupation,

M. M.

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return

H. W. Oving

Address,

1324 Madison Av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *1st* *6735*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 4th 12.20 P.M. 1888*

4. Place of Birth, (Street and Number) *737 Ramsey, St.*

5. Full Name of Mother, *Corinda T. Conly*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Illegitimate*

9. Father's Occupation, *Illegitimate*

10. Father's Birthplace, *Illegitimate*

Name of Medical Attendant, or other Person who makes this Return *H. W. Weber M.D.*

Address, *814 W. Lombard, St.*

Remarks, *Delivered with Forceps.*

RETURN OF A BIRTH.

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother (state whether 1st, 2d, 3d, &c.) 3rd A 6739

ate whether male or female) Female

Color, (if not of the white race) White

Birth Oct-5-72

f Birth, (Street and Number) 23 St Ann's Ave (Traverse)

name of Mother, Mrs. Rebecca Baker

's Maiden Name, " Stevenson

's Birthplace, Bentley

Name of Father, Francis W. Baker

Occupation, *Shipping Clerk*

s Birthplace, City

of Medical Attendant, or other Person who makes this Return. W. E. Hill MD,

1001 Edmundson Ave

ks. _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who shall return and so comply with the provisions of this act, and forfeitures are recoverable
 jected to the fine or ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth 5740
 Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

October 5 - 1888

4. Place of Birth, (Street and Number)

1917 E. Biddle St

5. Full Name of Mother,

Augusta M. Corlock

6. Mother's Maiden Name,

" " Decker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Corlock

9. Father's Occupation,

Milkman

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 W. Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A* *5741*
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *white race*
 3. Date of Birth, *October the 6th*
 4. Place of Birth, (Street and Number) *Baltimore Hamburg St 411*
 5. Full Name of Mother, *Elizabeth Tyler*
 6. Mother's Maiden Name, *Thellman*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John W Tyler*
 9. Father's Occupation, *labourer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Elizabeth Hathorn*

Persons who shall hereafter fail to comply with the provisions of this section shall be liable in (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 6742
 1. Sex, (State whether male or female) female
 2. Race or color, (if not of the white race) white race
 3. Date of Birth, October the 17th
 4. Place of Birth, (Street and Number) Baltimore street 82142
 5. Full Name of Mother, Catherine Snyder
 6. Mother's Maiden Name, Desheleis
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Snyder
 9. Father's Occupation, labour
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathon
 Address, Light st 1514
 Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Rosema Steingard A. 6743
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c)
 1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *October 7th - 1888*
 4. Place of Birth, (Street and Number) *626 Fremont St. Bergundy*
 5. Full Name of Mother, *Mary Stein*
 6. Mother's Maiden Name, *Mary Weisgubler*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *William Stein*
 9. Father's Occupation, *Box Maker*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return *Brs Bang*
 Address, *W Cross St*
 Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 6744*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 8th*

4. Place of Birth, (Street and Number) *847 Pierce St*

5. Full Name of Mother, *Mrs. Mary S. Reese*

6. Mother's Maiden Name, *" " Ahmann*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Andrew Reese*

9. Father's Occupation, *Iron Molder*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *F. H. Hill MD*

Address, *1001 Edmondson Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 6745

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 9th 1888

4. Place of Birth, (Street and Number)

Carroll Ave Annex no number

5. Full Name of Mother,

Margaret Anderson

6. Mother's Maiden Name,

" Farr

7. Mother's Birthplace,

Hershey City N.Y.

8. Full Name of Father,

John E. Anderson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

West Co Md.

Name of Medical Attendant, or other person who makes this Return.

J. H. Pinkin M.D.

Address,

Waverly Md

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth* A. 6745
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 10/85*
4. Place of Birth (Street and Number) *Car. Road Hill near Lane St.*
5. Full Name of Mother *Maggie Muehlenberg*
6. Mother's Maiden Name *Spitzel*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Chas. H. Muehlenberg*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Maryland*
Name of Medical Attendant, or other Person who makes this Return. *W. B. Ridenour*
Address *367 Harbor Ave.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d child* 6747
Sex. (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth. *October 11th 1888*
Place of Birth. (Street and Number) *310 S. Sharp St*
Full Name of Mother. *Emma D. Vitz*
Mother's Maiden Name. *Loeffler*
Mother's Birthplace. *Germany*
Full Name of Father. *John Vitz*
Father's Occupation. *Cabinet maker*
Father's Birthplace. *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Wm Combs M.D.*
Address. *610 S. Sharp St*
Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1
A 6748
J. Sata Kohnke
Male
Saturday 13 Oct
P. 12:00
Nathalie Kohnke
Kohnke
Danzig
Friedrich August Kohnke
Locksmith
Danzig
Mrs. J. Bange
711 Cross St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

A 5749

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 14

4. Place of Birth, (Street and Number) 106 Yorkroad (old)

5. Full Name of Mother, Agnes Ricker

6. Mother's Maiden Name, Falloway

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Ricker

9. Father's Occupation, Gardener

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Blatchley (midwife)

Address, Dr Kerckhoff

Remarks, H. Dyer

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth *A 6700*
Female

2. Sex, (State whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth,

Oct 15 - 88

5. Place of Birth, (Street and Number)

1902 Orleans St

6. Full Name of Mother,

Ann E. Post Riehl

7. Mother's Maiden Name,

Kaiser

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Rudolph Riehl

10. Father's Occupation,

Taylor

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allard

Address,

913 Mc Donough St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6757

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 16th

4. Place of Birth, (Street and Number)

635 S. Paca St.

5. Full Name of Mother,

Ida W. Dyer

6. Mother's Maiden Name,

Warfield

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob S. Dyer

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

H. W. Weber M.D.

Address,

814 W. Lombard St.

Remarks,

Natural Labor.

Subject for the use of the Registrar of Vital Statistics for each of the years, to be returned as other forms and instructions are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child A 6752*
 Sex, (state whether male or female) *Male*
 1. Race or color, (if not of the white race)
 2. Date of Birth, *Oct 16 — 1888.*
 3. Place of Birth, (Street and Number) *1740 Catawba st.*
 4. Full Name of Mother, *Anna Stockhausen*
 5. Mother's Maiden Name, *Ofeil*
 6. Mother's Birthplace, *Germany*
 7. Full Name of Father, *Emil Stockhausen*
 8. Father's Occupation, *Cabinet-maker*
 9. Father's Birthplace, *Germany*
 10. Name of Medical Attendant, or other person who makes this Return, *J. Schuysser Midwife*
 Address, *1032 Hanover st.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Christina ————— *Ward*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child A 6753*

1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Oct 17th 1888*
4. Place of Birth (Street and Number), *1217 Baltimore Ave*
5. Full Name of Mother, *E. Virginia Ward*
6. Mother's Maiden Name, *E. Virginia Ward*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry C. Ward*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Home, Maryland Co. Md.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. M. B. Colthup*

Address, *11 West 1st St.*

Remarks, **GIVEN NAME ADDED.** *10 - 26 - 53*
h.m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth **A** 5754

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

October 17 - 1888

4. Place of Birth, (Street and Number)

907 N. Gay St

5. Full Name of Mother,

Louisa Farshee

6. Mother's Maiden Name,

" Gladys

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Peter M. Ferrasi

9. Father's Occupation,

Silver Worker

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary B. Allwell

Address,

1/2 W. Donogh St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 12-22-55
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

George Mann, Jr.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh (7th) - 635

2. Sex (state whether Male or Female)

Male

3. Race or Color (if not of the white race)

White

4. Date of Birth

October 18th, 1888.

5. Place of Birth (Street and Number)

1704 W. John St.

6. Full Name of Mother

Emma Mann

7. Mother's Maiden Name

Grimes

8. Mother's Birthplace

Baltimore Md.

9. Full Name of Father

George Mann

10. Father's Occupation

Stone Carver

11. Father's Birthplace

Scotland

12. Name of Medical Attendant, or other Person who makes this Return.

Leis W. Knight M.D.

Address

414 N. Greene

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

18th. of Oct.

316 Spring St.

Theresa Reimmer

Fisher
Baltimore

Philip Reimmer

Baker

Baltimore

Sarah Casper

1022 Granby St.

A. 5756

fect to the fine of ten dollars for each offense, to be exacted in other fines and forfeitures are issuable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th), A. 6757*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 18th, 1888.*
4. Place of Birth (Street and Number) *410 N. Stricker St.*
5. Full Name of Mother *Clara Belle Fowler*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Joseph Allen Fowler,*
9. Father's Occupation *Plasterer.*
10. Father's Birthplace *Calvert Co., Md.*
Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
Address *414 N. Greene St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 6758*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *October 18.*

4. Place of Birth, (Street and Number) *832 St. Peter St.*

5. Full Name of Mother, *Mrs. C. M. Hall.*

6. Mother's Maiden Name, *Miss C. M. Jennings*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Emanuel Hall*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *~~John~~ Mrs Bange*

Address, *11 Cross St*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 3 6759

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

3. Date of Birth,

18 Oct.

4. Place of Birth, (Street and Number)

1015

Cedar Hillman

5. Full Name of Mother,

Anna Maria Hallman

6. Mother's Maiden Name,

Anna Hallman

7. Mother's Birthplace,

Widener, Prussia

8. Full Name of Father,

John Hallman

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Widener, Prussia

Name of Medical Attendant, or other person who makes this Return.

Anna Hallman

Address,

1749 Cedar Hillman

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *B 8760*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Oct 10th, 1888*

4. Place of Birth, (Street and Number) *214 Caroline st.*

5. Full Name of Mother, *Ella Putter*

6. Mother's Maiden Name, *" " Lenord*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Martin Putter*

9. Father's Occupation, *Letter Carrier*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mr. Charles B. B. B.*

Address, *1744 Bank st.*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 6761
Male

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

October 19 - 1888

4. Place of Birth, (Street and Number)

921 E. Preston St

5. Full Name of Mother,

Mary E. Harbaugh

6. Mother's Maiden Name,

" " Green

7. Mother's Birthplace,

Me

8. Full Name of Father,

James C. Harbaugh

9. Father's Occupation,

Machinist

Father's Birthplace,

Belle

Name of Medical Attendant, or other person who makes this return.

Mrs Mary A. Allwell

Address,

921 E. Preston St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child 6/2*

Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White race*

3. Date of Birth, *29th October 1888*

4. Place of Birth, (Street and Number) *1217 Scott St*

5. Full Name of Mother, *Elizabeth Sanders*

6. Mother's Maiden Name, *Elisabeth Necker*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Joseph B. Sanders*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Runge*

Address, *6711 E. Row St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A 6763

Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

October the 19th

4. Place of Birth, (Street and Number)

Baltimore William St 1538

5. Full Name of Mother,

Anne E Brooks

6. Mother's Maiden Name,

Abererombie

7. Mother's Birthplace,

Canada west

8. Full Name of Father,

Samuel D Brooks

9. Father's Occupation,

Car checker

Father's Birthplace,

washington

Name of Medical Attendant, or other person who makes this Return.

Elizabeth P. Hathorn

Address,

light st No 1514

Remarks,

Each person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *6764*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Oct 19 1887*
4. Place of Birth (Street and Number), *1148 Bowen St*
5. Full Name of Mother, *Mary Milligan*
6. Mother's Maiden Name, *White*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Chas Milligan*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Chas E Sadtler M.D.*
- Address, *2100 Mount Hill An*
- Remarks,

for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3rd Child* *A 6766*

Sex, (state whether male or female) *Female.*

Race or color, (if not of the white race) *White.*

Date of Birth, *20th of October.*

Place of Birth, (Street and Number) *Maldeis Street No. 10.24*

Full Name of Mother, *Annie Schube.*

Mother's Maiden Name, *Annie Creamer.*

Mother's Birthplace, *Sapony. Germany.*

Full Name of Father, *Eugene Moritz Schulze.*

Father's Occupation, *Ed Turner.*

Father's Birthplace, *Sapony. Germany.*

Name of Medical Attendant, or other person who makes this Return, *Mrs Benzle*

Address, *711 Lewis St*

Remarks,

jected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Secured to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A 6766*
- Sex, (state whether male or female) *male*
2. Race or color, (if not of the white race) _____
3. Date of Birth, *October 20th*
4. Place of Birth, (Street and Number) *1620 W. Saratoga St.*
5. Full Name of Mother, *Hermine Eisert*
6. Mother's Maiden Name, *Fentrus*
7. Mother's Birthplace, *Duisingen, Germany*
8. Full Name of Father, *Hermann Eisert*
9. Father's Occupation, *Druggist*
10. Father's Birthplace, *Cannawurf, Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Bange*
- Address, *7 Cross St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st 2 6767*
- Sex, (State whether male or female) *Female*
- Race or color, (if not of the white race) *White*
- Date of Birth, *Oct 20 - 1885*
- Place of Birth, (Street and Number) *Maryland Lane Grand 561*
- Full Name of Mother, *Annie Jenkins*
- Mother's Maiden Name, *Porter*
- Mother's Birthplace, *Howard Co Md*
- Full Name of Father, *William Jenkins*
- Father's Occupation, *Teamster*
- Father's Birthplace, *Baltimore Co Md*
- Name of Medical Attendant, or other person who makes this Return, *P. G. Perkins M.D.*
- Address, *Waverly and*
- Remarks,

any such person or persons as to whom the above fee is paid, shall be liable to recover the same from the person or persons who have paid the same, and the fee is not to be returned to the person or persons who have paid the same.

child to report its birth to the Commissioner of Health, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 5758
Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 20
4. Place of Birth, (Street and Number) 1937 Fairmount Avenue
5. Full Name of Mother, Annie Luntz
6. Mother's Maiden Name, Annie Bief
7. Mother's Birthplace, Europe
8. Full Name of Father, John Luntz
9. Father's Occupation, Car maker
Father's Birthplace, Baltimore Md.
Name of Medical Attendant, or other person who makes this Return, H. Krueger
Address, 2321 E. Fayette St.
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

John William Taylor **BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 6769

1. State whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st October 88

4. Place of Birth, (Street and Number)

1016 Madison Ave

5. Full Name of Mother,

Mary W. Taylor

6. Mother's Maiden Name,

Rich

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

William H Taylor

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

H. W. Ovington M.D.

Address.

1319 Madison Ave

Remarks,

GIVEN NAME ADDED. *10 - 8 - 53*

h.m.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Sex (state whether 1st, 2d, 3d, &c.) *Female* A. 2770
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st of October*
4. Place of Birth (Street and Number) *Baltimore, Parker St. 1627*
5. Full Name of Mother *Frances Angeline Stone*
6. Mother's Maiden Name *Small*
7. Mother's Birthplace *Charles County, Md*
8. Full Name of Father *George Henry Sidney Stone*
9. Father's Occupation *Lawyer in the when born*
10. Father's Birthplace *Charles County, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs G M Bugh*
- Address *1603 Brecken St*
- Remarks *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Dankmeyer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

3 6771

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 October 1888*
4. Place of Birth, (Street and Number) *# 875 Columbia Ave.*
5. Full Name of Mother, *Lena Dankmeyer*
6. Mother's Maiden Name, *Lena Chle*
7. Mother's Birthplace, *Batonville, La.*
8. Full Name of Father, *Charles Dankmeyer*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return, *H. C. Chle, M. D.*
- Address, *1120 W. Fayette St. cor. Carrollton Ave.*
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 6772
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 21st
4. Place of Birth (Street and Number) Balt. Preston St No. 1611
5. Full Name of Mother Barbara Eggemeyer
6. Mother's Maiden Name Mc. Lann
7. Mother's Birthplace Co. Mayo Ireland
8. Full Name of Father Philip Joseph Eggemeyer
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. Bush
- Address 1603 Preston St
- Remarks Healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A. 6773

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 21 - 1888

4. Place of Birth, (Street and Number)

30 Second Hill Terrace

5. Full Name of Mother,

Agnes Fitzmaurice

6. Mother's Maiden Name,

Agnes Kelly

7. Mother's Birthplace,

Co. Mayo Ireland

8. Full Name of Father,

Walter Fitzmaurice

9. Father's Occupation,

Lamp Glasser

10. Father's Birthplace,

Co. Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return.

Virginia Wheeler

Address,

No 238 Salem Street Bronx

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - *Leo*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child *A. 6774*

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 21st 1888

4. Place of Birth, (Street and Number)

804 S. Eutaw St.

5. Full Name of Mother,

Mary W. Walters

6. Mother's Maiden Name,

" " Conolly

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

John N. Walters

9. Father's Occupation,

Police

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall. M.D.

Address,

524 Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

6775

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th mo. 21, 1888

4. Place of Birth, (Street and Number) 1002 Bow St

5. Full Name of Mother, Georgiana Redesen

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, George Redesen (Lawrence)

9. Father's Occupation, Barber

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Robert M. Martin M.D.

Address,

287 N. E. St.

Remarks,

for each returned to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child 6776

1. Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

October 22nd 1888.

4. Place of Birth, (Street and Number)

1014, Leadenhall St.

5. Full Name of Mother,

Susan Trumpler.

6. Mother's Maiden Name,

" Lentner.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Max. Trumpler.

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall. M.D.

Address,

524 Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 6777

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 22 1888

4. Place of Birth, (Street and Number)

407 Wilson Street

5. Full Name of Mother,

Laura E. Youngman

6. Mother's Maiden Name,

Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. Youngman

9. Father's Occupation,

Business Store

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Martha Brewer M.D.

Address,

1106 McCulloch Street

Remarks,

any such person of persons who are fined to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

A 6778

● Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 22 1881

4. Place of Birth, (Street and Number) 1438 Camden Ave.

5. Full Name of Mother, Annice Kelley

6. Mother's Maiden Name, " " Kolp

7. Mother's Birthplace, Calif

8. Full Name of Father, John Kelly

9. Father's Occupation, Shipping Office

● Father's Birthplace, Calif

Name of Medical Attendant, or other person who makes this Return. Mrs. Eliza Kelly

Address, 24th Wink St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child A. 6779*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *22nd October*

4. Place of Birth, (Street and Number) *822 Stockholm st*

5. Full Name of Mother, *Ella Studley*

6. Mother's Maiden Name, *Ella Wolford*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry Studley*

9. Father's Occupation, *Labor work*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Gracey Harris*

Address, *No 815 Stockholm st*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th) A 6780
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race) white
4. Date of Birth October 22^d 1888.
5. Place of Birth (Street and Number) 414 N. Greene St.,
6. Full Name of Mother Martha Austin
7. Mother's Maiden Name Knight
8. Mother's Birthplace Baltimore, Md.
9. Full Name of Father W. L. Austin
10. Father's Occupation Clergyman
11. Father's Birthplace Virginia
Name of Medical Attendant, or other Person who makes this Return. Lewis W. Knight (M.D.)
Address 414 N. Greene
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

A. 6781

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 22nd 1888

4. Place of Birth, (Street and Number)

W 655 Gorman St

5. Full Name of Mother,

Mary Mealy

6. Mother's Maiden Name.

Loach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

R. M. Mealy

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. Friedewald M.D.

Address,

310 N. Euston St

Remarks,

For each offense to be recovered as other laws and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st **A.** 6752

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct 22 1888

4. Place of Birth, (Street and Number)

1154 Bowen St

5. Full Name of Mother,

Emma Lebojan

6. Mother's Maiden Name,

Emma Nichols

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Lebojan

9. Father's Occupation,

Croaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 6783

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 23 / 88

4. Place of Birth, (Street and Number)

1807 N. 1st Balt. St.

5. Full Name of Mother,

Mary Lucy

6. Mother's Maiden Name,

Mary Lucy Mack

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Benjamin J. Bruder

9. Father's Occupation,

Shoe Dealer

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

M. H. Carter M.D.

Address,

1807 N. 1st Balt. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6784

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 23rd 1888

4. Place of Birth, (Street and Number)

Cornishville Alley

5. Full Name of Mother,

Rose Williams

6. Mother's Maiden Name,

Rose Bennett

7. Mother's Birthplace,

Easton, Maryland

8. Full Name of Father,

Leah Williams

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Melia Bantz

Address,

No 930 E. Euterpe

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 child A 6783

Sex, (state whether male or female) girl

2. Race or color, (if not of the white race)

3. Date of Birth, 22 October

4. Place of Birth, (Street and Number) 1113 Dallas Street

5. Full Name of Mother, Elizabeth Estlin

6. Mother's Maiden Name, Hubert

7. Mother's Birthplace, Appleson, Mass.

8. Full Name of Father, Henry Estlin

9. Father's Occupation, Labr. & Farmer

Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Anna Hubert

Address, 1249 E. Eager St.

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A: 6786

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 23/88

4. Place of Birth, (Street and Number)

Prima Ave. E. 11th (Belt) off 11th

5. Full Name of Mother,

Katherine Brinkman

6. Mother's Maiden Name,

Katherine Hollering

7. Mother's Birthplace,

Salto

8. Full Name of Father,

Henry Brinkman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. C. Polo

Address,

2102 Madison Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 6787

2. Sex. (State whether male or female)

male.

3. Race or color, (if not of the white race)

white

4. Date of Birth,

October. 23th

5. Place of Birth. (Street and Number)

415.

S. Bond St.

6. Full Name of Mother,

Mattie C. Becker

7. Mother's Maiden Name,

Mattie C. Dombrowski

8. Mother's Birthplace,

in Germany

9. Full Name of Father,

Henry Becker

10. Father's Occupation,

Mechanics and engineer

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. Dombrowski

Address,

1824 S. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *H. Th.* *675/8*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *white race*
3. Date of Birth, *October the 24*
4. Place of Birth, (Street and Number) *Baltimore Byrd St No 1424*
5. Full Name of Mother, *Mary E Brinnick*
6. Mother's Maiden Name, *Brooks*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Brinnick*
9. Father's Occupation, *tin maker*
10. Father's Birthplace, *Bohlm Leipz*
- Name of Medical Attendant, or other person who makes this Return. *Elizabeth Hathon*
- Address, *light st No 1514*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

Race or color, (if not of the white race)

Date of Birth.

Place of Birth, (Street and Number)

Full Name of Mother.

Mother's Maiden Name.

Mother's Birthplace.

Full Name of Father.

Father's Occupation.

Father's Birthplace.

Name of Medical Attendant.

Address.

Remarks.

7 2 A. 6789

Male
W 24-11-1888
937 Hladik
Sister
Bohemia Hladik
Deminik
Tailor
Bohemia
Josephine Conrad
1621 Barnes

or other person who makes this Return.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

F 2 A 6789

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

W

3. Date of Birth,

Oct. 24th 1888

4. Place of Birth, (Street and Number)

937 N. Chester

5. Full Name of Mother,

Anna Hladik

6. Mother's Maiden Name,

" " Suste

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Dominik Hladik

9. Father's Occupation,

Tailor

Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad
1621 Barnes

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *6790*
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *Colored*
 3. Date of Birth, *Oct 24 1888.*
 4. Place of Birth, (Street and Number) *Balto. Durham St. No. 318.*
 5. Full Name of Mother, *Leonida Jackson.*
 6. Mother's Maiden Name, *Leonida Hollis*
 7. Mother's Birthplace, *Dorabridge Dorchester Co. M.D.*
 8. Full Name of Father, *Thomas J. Jackson.*
 9. Father's Occupation, *Mariner.*
 10. Father's Birthplace, *Vienna Dorchester Co. M.D.*
 Name of Medical Attendant, or other person who makes this return, *Mrs Knoll*
 Address, *1829 E. Pratt St.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Hazen Clarke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2.*

A. 6741

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

25th Oct. 188

4. Place of Birth, (Street and Number)

2312 P. M. Ave.

5. Full Name of Mother,

Kate Harrington Clarke Davis

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

George Henry Clarke

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return,

E. P. Cross M.D.

Address,

1835 E. Balto. St.

Remarks,

GIVEN NAME ADDED *3-29-54*

L. M.

Printed for use of the Registrar of Vital Statistics, Baltimore City, by the City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6792

1. Sex, (State whether male or female).

Female.

2. Race or color, (if not of the white race)

3. Date of Birth,

October 25th 1888

4. Place of Birth, (Street and Number)

40 E. Montgomery St.

5. Full Name of Mother,

Emma Watson

6. Mother's Maiden Name,

" Littlefield.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Wm. L. Watson

9. Father's Occupation,

Box maker.

10. Father's Birthplace,

Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return.

R. J. W. Tall. M.D.

Address,

524 Sharp St.

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th 6793

Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, 25- October 1888

4. Place of Birth (Street and Number), 111 N. E. 1st St.

5. Full Name of Mother, Mariana Beeman

6. Mother's Maiden Name, Mariana Clements

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Wm. Daniel Beeman

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, D. G. Jones
or other person who makes this Return.

Address, 127 E. Kaiter St.

Remarks,

This certificate is subject to the provisions of the Act of the General Assembly of 1882, relating to the registration of births and deaths, and for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

4th 6794
female
W
Oct. 25 1888
1923 E. Eager
Barhore Komenda
" " Meliehar
" " Bohemia
John Komenda
Tailor
Bohemia
Josephine Conrad
1621 Barnes

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6796

Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 24 1888.

4. Place of Birth, (Street and Number) *122 Lancaster st*

5. Full Name of Mother, *Maggie Brant.*

6. Mother's Maiden Name, *Shallen.*

7. Mother's Birthplace,

Calif.

8. Full Name of Father, *Anderson Brant.*

9. Father's Occupation, *Letter Carrier*

10. Father's Birthplace,

Calif.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Clara Bell

Address,

1224 Bank st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A 6798

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sept. 25th

4. Place of Birth, (Street and Number)

Holland ave. 1215.

5. Full Name of Mother,

Lizzie Byrnes.

6. Mother's Maiden Name,

G. Keefe.

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

M. Byrnes.

9. Father's Occupation,

Engineer

Father's Birthplace,

Ireland.

Name of Medical Attendant, or other person who makes this Return.

W. Ward.

Address,

529. Emerson

Remarks,

any such return of birth, if not duly verified, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A.* *6747*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *October 20th 1898*

Place of Birth, (Street and Number) *No 1835 W. Helm*

Full Name of Mother, *Emma Geldmacher*

Mother's Maiden Name, *E. Elfray*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Friedrich Geldmacher*

Father's Occupation, *Salver*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return *Mrs. E. Dumas*

Address, *No 1927 W. Lombard St*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight* *A 6798*

Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 25th 1888*

4. Place of Birth, (Street and Number) *No 2025 Frederick ave*

5. Full Name of Mother, *Maggie Seigle*

6. Mother's Maiden Name, *Maggie Yellow*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Seigle*

9. Father's Occupation, *Salon keeper*

Father's Birthplace, *Germany*

Name of Medical Attendant, *Wm E Dumas*
or other person who makes this Return.

Address, *No 1927 W Lombard St*

Remarks,

any such person or persons who shall hereinafter fail to comply with the provisions of this act shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child A. 8799*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth. *25th day October*
4. Place of Birth, (Street and Number) *1215 Grove St Baltimore*
5. Full Name of Mother, *Mary E Taylor*
6. Mother's Maiden Name, *Mary E Whalen*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *Henry Taylor*
9. Father's Occupation, *Cabinet*
10. Father's Birthplace, *Washington*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Delach*
- Address, *735 W Pratt St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A 6800

Sex, (State whether male or female)

Female
White

2. Race or color, (if not of the white race)

3. Date of Birth,

October 26th 1888

4. Place of Birth, (Street and Number)

222 N. Anny St

5. Full Name of Mother,

Mary Louisa Wittmer

6. Mother's Maiden Name,

Mary L. Wagner

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry Wittmer

9. Father's Occupation,

Pipe Fitter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return

Mrs. Speck

Address,

Health Department

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A 6401

Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 26 1888

4. Place of Birth, (Street and Number)

112 S. Caroline St.

5. Full Name of Mother,

Batka

6. Mother's Maiden Name,

Jost

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Butler

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

149 E. Pratt St.

Remarks,

Noted: The fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 1/2 02

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 26 / 88

4. Place of Birth, (Street and Number)

W^e 512 S. Wolf St

5. Full Name of Mother,

Hanna Ried

6. Mother's Maiden Name,

Rau

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Ried

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

W^e 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 6803
- Sex, (state whether male or female) Male
- Race or color, (if not of the white race) White
- Date of Birth, Oct 26/88
- Place of Birth, (Street and Number) 1110 Watson Street
- Full Name of Mother, Heia
- Mother's Maiden Name, Schpiegelman
- Mother's Birthplace, Russia
- Full Name of Father, Abraham Ostrowsky
- Father's Occupation, Presser
- Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Rebecca Kaplan
- Address, 107 Broad Alley
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 6804*

Sex, (State whether male or female) *Female*

Race or color, (if not of the white race) *White*

Date of Birth, *Oct 26*

Place of Birth, (Street and Number) *2341 E. Fayette St.*

Full Name of Mother, *Annie Muddling*

Mother's Maiden Name, *Annie Hager*

Mother's Birthplace, *Baltimore Md.*

Full Name of Father, *John Muddling*

Father's Occupation, *Broom maker*

Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *J. Karger*

Address, *2321 E. Fayette St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex. (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

W. Mele

Oct 26

919 N. Bond

Kate Hubka

" " Rybak

Bohemia

Martin Hubka

Butcher

Bohemia

Josephine Comar
1621 Barnes

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child A 680*

1. Sex, (State whether male or female) *Little Boy*

2. Race or color, (if not of the white race) *White race*

3. Date of Birth, *26 Oct 1888*

4. Place of Birth, (Street and Number) *Garrison Lane*

5. Full Name of Mother, *Mrs. Willboughy*

6. Mother's Maiden Name, *Miss Lewandofsky*

7. Mother's Birthplace, *West Prussia Germany*

8. Full Name of Father, *Mrs. Willboughy*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *West Prussia Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Hiller*

Address, *2127 West Pratt St*

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A 6807

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 27th - 1888 -

4. Place of Birth, (Street and Number)

Canaan St - Extension -

5. Full Name of Mother

Josephine Nitch

6. Mother's Maiden Name

Perst

7. Mother's Birthplace

Germany

8. Full Name of Father

John F. Nitch

9. Father's Occupation

Brick maker

10. Father's Birthplace

Austria

Name of Medical Attendant,

or other Person who makes this Return.

Dr. Drueckman

Address

1401 Linden Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 6808

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 27, 1884

4. Place of Birth, (Street and Number)

Beauby St.

5. Full Name of Mother,

Margaret Barton

6. Mother's Maiden Name,

Fisher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis Barton

9. Father's Occupation,

Insurance Agent

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mary Hine

Address,

1427 E. Pratt St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th* *A 6809*
Sex ~~(state whether male or female)~~
Race or Color. (if not of the white race)
Date of Birth. *Oct 27 188*
Place of Birth. (Street and Number) *1645 Hanover St*
Full Name of Mother. *Mrs Anna McLann*
Mother's Maiden Name.
Mother's Birthplace. *Illinois*
Full Name of Father. *James McLann*
Father's Occupation. *Mechanic*
Father's Birthplace. *Ind -*
Name of Medical Attendant, or other Person who make this Return *Dr Anna L. Fisher*
Address. *1435 Light.*
Remarks.

CERTIFICATE CORRECTED 18-11-88

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Annie C. Sparks*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child 68/10

1. Sex, (State whether male or female)

Little girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

27 Oct 1888

4. Place of Birth, (Street and Number)

No 2109 Frederick ave

5. Full Name of Mother,

Mrs. Sparks

6. Mother's Maiden Name,

Christina (Anna) Matz

7. Mother's Birthplace,

Bayer Germany

8. Full Name of Father,

Mr John Spaul Sparks

9. Father's Occupation,

Bar Keeper

Father's Birthplace,

Hanover Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hiller

Address,

2127 West Pratt st

Remarks,

any catch person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 B 6811

Sex, (state whether male or female) girl

2. Race or color, (if not of the white race)

3. Date of Birth, 27 October

4. Place of Birth, (Street and Number) 1205 Hollins St.

5. Full Name of Mother, Henry Schaefer

6. Mother's Maiden Name, Heine

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Henry Schaefer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Angelsbach, Prussia

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 1217 W. Egan

Remarks,

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A

6842

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

27 of October 1888

4. Place of Birth, (Street and Number)

No 1812 Egel St

5. Full Name of Mother,

Mary Luk

6. Mother's Maiden Name,

Mary Gieg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Luk

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this return.

W. C. Dumas

Address,

No 1927 W Lombard St

Remarks,

GIVEN NAME ADDED 9-6-55 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *John Joseph Wenderoth* Child of Mother, (state whether 1st, 2d, 3d, &c.) *6813*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 27th 1888*

4. Place of Birth, (Street and Number) *1614 David Hill Avenue*

5. Full Name of Mother, *Mary Josephine Wenderoth*

6. Mother's Maiden Name, *Mary Josephine C. Brien*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *William Harrison Wenderoth*

9. Father's Occupation, *Car Driver*

10. Father's Birthplace, *Townsend, Md.*

Name of Medical Attendant, *or other person who makes this Return.* *Mrs. Anna Wenderoth*

Address, *1517 West 10th Street*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6814
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 27th 1888
4. Place of Birth, (Street and Number) Walden st.
5. Full Name of Mother, Rachel Goldman
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Goldman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein
- Address, 122 S. Epton st.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A 6/15

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 27 = 1888

4. Place of Birth, (Street and Number)

H 931 Bimney St

5. Full Name of Mother,

Mary E Bellman

6. Mother's Maiden Name,

Harrington

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friedrich Bellman

9. Father's Occupation,

Joiners

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Sarah P Harrington

Address,

On 924 Bimney St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 6816

Sex, (State whether male or female)

Male
W.

2. Race or color, (if not of the white race)

Oct. 27 - 1888

3. Date of Birth,

4. Place of Birth, (Street and Number)

1042 N. Durham

5. Full Name of Mother,

Mary Beranek,
Pokorna

6. Mother's Maiden Name,

" " Bohemia

7. Mother's Birthplace,

Anton Beranek

8. Full Name of Father,

Tailor
Bohemia

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Comed,
1621 Barnes

Address,

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 6817
 1. Sex (state whether male or female), Female
 2. Race or Color (if nat of the white race), Colored
 3. Date of Birth, 27 of October, 1888
 4. Place of Birth (Street and Number), 11 S. Caroline St.
 5. Full Name of Mother, Mary Brown
 6. Mother's Maiden Name, Mary Smith
 7. Mother's Birthplace, Balt. Co.
 8. Full Name of Father, Abraham Brown
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Baltimore, Md.
 Name of Medical Attendant, Elizabeth Maynard
or other person who makes this Return.
 Address, 424 N. Register St. Bot. Blean & Jefferson.
 Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. A 6818

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Brown Skin

3. Date of Birth

27 October

4. Place of Birth, (Street and Number)

Baltimore 530 Preston St.

5. Full Name of Mother,

Fannie A. Robinson.

6. Mother's Maiden Name,

Fannie A. White

7. Mother's Birthplace,

Dorchester County.

8. Full Name of Father,

Perry W. Robinson.

9. Father's Occupation,

Wagner.

10. Father's Birthplace,

Dorchester County

Name of Medical Attendant, or other Person who makes this Return.

Louisa Lane

Address,

642 Gower St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third* *A. 6819*

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

colored

3. Date of Birth,

Oct 27-11 1888

4. Place of Birth (Street and Number),

Baltimore 117 St. Saratoga

5. Full Name of Mother,

Louisa Thompson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Chas County, Md

8. Full Name of Father,

Unknown

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

Mrs Jones

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Trist

6820

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Oct 27 1888

4. Place of Birth, (Street and Number)

2023 Fredrick Ave

5. Full Name of Mother,

Mary E Schenfeld

6. Mother's Maiden Name,

Mary E Emrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred J Schenfeld

9. Father's Occupation,

Harness Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

A 6422

1. Sex. (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

October 27, 1888

4. Place of Birth, (Street and Number)

10420 W. Bath St 3rd

5. Full Name of Mother,

Bertha Muller

6. Mother's Maiden Name,

Bertha Last.

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Hartman Muller Jr.

9. Father's Occupation,

Dealer in Leather & Findings

10. Father's Birthplace,

South Germany

Name of Medical Attendant, or other person who makes this return.

Katharina Muzich

Address,

800 Leadenhall St,

Remarks,

Printed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 6823

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 28th 1888

4. Place of Birth, (Street and Number)

578 Hancock St.

5. Full Name of Mother,

Iola M. Mallin

6. Mother's Maiden Name,

" " Hawley

7. Mother's Birthplace,

Alabama

8. Full Name of Father,

Edgar W. Mallin

9. Father's Occupation,

Surgeon of the Hospital

10. Father's Birthplace,

Miss

Name of Medical Attendant, or other person who makes this Return.

Theodore George M.D.

Address,

714 N. Charles St. B.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A. 6824
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *October 28/88*
 4. Place of Birth, (Street and Number) *1417 W Gay Street*
 5. Full Name of Mother, *May Bannier*
 6. Mother's Maiden Name, *Mary Gilbert*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George W. Bannier*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, (or other Person who makes this Return) *J. J. Markens, M.D.*
 Address, *1429 W Gay Street*
 Remarks, *(Mrs Malone Nurse)*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th 6825

Sex. (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

28th of October 1888

4. Place of Birth, (Street and Number)

224 S. Calver St

5. Full Name of Mother,

Elisabetha Turske

6. Mother's Maiden Name,

" Fressmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas Turske

9. Father's Occupation,

Professor of Gymnastics

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Seebach

Address,

733 W. Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

18th

6826

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 28, 1888

4. Place of Birth, (Street and Number)

322 10th St.

5. Full Name of Mother,

Elizabeth E. Smith

6. Mother's Maiden Name,

Ball

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John W. Smith

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Chas. H. Mitchell M.D.

Address,

295 Chestnut ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd* *A 6827*
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *October 21st 1888.*
4. Place of Birth, (Street and Number) *507 Pennsylvania Avenue*
5. Full Name of Mother, *Mary Long*
6. Mother's Maiden Name, *Mary Weller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Francis Long*
9. Father's Occupation, *C. Book Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Annie Mesingel*
- Address, *1507 Pennsylvania Avenue*
- Remarks,

Printed by the City of Baltimore for such of the Registrar of Vital Statistics as may be required. The sections shall be submitted to the Registrar of Vital Statistics for his signature and the Registrar of Vital Statistics shall be responsible for the accuracy of the information furnished.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child A. 6828*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 28th 1888*

4. Place of Birth, (Street and Number) *Comet St No 1134*

5. Full Name of Mother, *Katharina Maier*

6. Mother's Maiden Name, *Katharina Wolf*

7. Mother's Birthplace, *Strebendorf, Hesse Germany*

8. Full Name of Father, *Edward Maier*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St No 114*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A 6829

1. Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth,

Oct 28th 1888

4. Place of Birth (Street and Number),

1307 John St

5. Full Name of Mother,

Florence Eugenia Coale

6. Mother's Maiden Name,

Rogers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph G Coale

9. Father's Occupation,

Lumber Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return.

Elias C. Price M.D.

Address,

953 Madison Ave

Remarks,

the Registrar of Health, in the manner as provided in the provisions of this section shall be liable for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1

6830

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 28 1888

4. Place of Birth, (Street and Number)

224 S. Caroline St.

5. Full Name of Mother,

Annie Byrnes

6. Mother's Maiden Name,

Keller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Byrnes

9. Father's Occupation,

Bricklayer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Harry Stein

Address,

114 27 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A 68/31

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Oct 28/88

3. Date of Birth,

4. Place of Birth, (Street and Number)

1717 Jefferson Ave

5. Full Name of Mother,

Esther A Smith

6. Mother's Maiden Name,

" " Hunt

7. Mother's Birthplace,

Westmoreland Co. Pa

8. Full Name of Father,

Wm. H. Smith

9. Father's Occupation,

Physician

10. Father's Birthplace,

B. Co.

Name of Medical Attendant, or other Person who makes this Return.

G. L. Mather

Address,

226 E. 18th St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joshua Irvin Talbot
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *A 6862*

1. Sex (state whether male or female), *Male,*

2. Race or Color (if not of the white race), *White.*

3. Date of Birth, *October 28th. - 1888*

4. Place of Birth (Street and Number), *# 312 S. Fremont Ave.*

5. Full Name of Mother, *Cora Talbot,*

6. Mother's Maiden Name, *France*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joshua Talbot,*

9. Father's Occupation, *Blacksmith,*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other person who makes this Return.

Address, *A. E. Co. Columbia & Fremont Ave.*

Remarks, *GIVEN NAME ADDED. 9-22-53*

h. m.

This form is to be filled out by the mother or father, or by the medical attendant, and is to be submitted to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child. If not so submitted, the fine of ten dollars is payable to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th A 68/33

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

October the 29

4. Place of Birth, (Street and Number)

Baltimore Howard St 1918

5. Full Name of Mother,

Hanner Anderson

6. Mother's Maiden Name,

Stoff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Anderson

9. Father's Occupation,

laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Elizabeth Stathorn

Address,

Light St 1215/14

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4* *A 6834*
 Sex, (state whether male or female) *White female*
 Race or Color, (if not of the white race) *White*
 Date of Birth *Sept 1st 1884*
 Place of Birth, (Street and Number) *28 W. Ch*
 Full Name of Mother, *Julia Aig*
 Mother's Maiden Name, *Julia Villasenting*
 Mother's Birthplace, *Dancing*
 Full Name of Father, *Otto Aig*
 Father's Occupation, *Brass Moulder*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, *Mrs Schuman*
or other Person who makes this Return.
 Address, *327 Bond St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4A 6836

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 29 / 88

4. Place of Birth, (Street and Number)

No 1021 Eastern Ave

5. Full Name of Mother,

Kate Georgi

6. Mother's Maiden Name,

Schick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Herrmann Georgi

9. Father's Occupation,

Firmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

White

Oct 29th 188

911 - McKim St

Annie Gleason
Slater

Ma
George Gleason
Wagon Driver
Ma

Lizzie Ward
816. Mason St

6836

any such person or persons who shall be convicted of this offence, to be recovered an other fines and forfeitures as may be provided by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 6837

Sex, (state whether male or female)

Female
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 29 1888

4. Place of Birth, (Street and Number)

2 E Monaghan Ave

5. Full Name of Mother,

Kate Schiller

6. Mother's Maiden Name,

" Mohr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Dr. C. Schiller

9. Father's Occupation,

Quartermaster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Thaddeus Cooke M.D.

Address,

1111 Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3rd 6898
 Female
 White
 Oct 29th 1885
 704 Hammond St
 Susan Hammond
 " Sumner
 Baltimore
 Geo W Hammond
 Engineer - Major
 Baltimore
 Harding Charles M
 714 Charles St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

19th

A6839

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 29th 1888

4. Place of Birth, (Street and Number)

206 W Camden

5. Full Name of Mother,

Lucia Buffaburn

6. Mother's Maiden Name,

" " Eibstrin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Buffaburn

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Austria

Name of Medical Attendant, or other person who makes this Return.

Theodore Cook M.D.

Address,

74 N. Charles

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 6840

1. Sex, (state whether male or female) _____

2. Race or color, (if not of the white race) _____

3. Date of Birth, October 29th 1888,

4. Place of Birth, (Street and Number) No 101 N. Holly

5. Full Name of Mother, Louise Hood Gratto,

6. Mother's Maiden Name, Louise Hood Morrisworth

7. Mother's Birthplace, K- of (Kentucky)

8. Full Name of Father, John W. Gratto

9. Father's Occupation, Furniture Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 1123 E. Balt. st

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 6841

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 2, 1900

4. Place of Birth, (Street and Number) 436 S Washington

5. Full Name of Mother, Walter Jurska

6. Mother's Maiden Name, " " Wichter

7. Mother's Birthplace, Germany

8. Full Name of Father, Walter Jurska

9. Father's Occupation, Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Olga Bity

Address, 1400 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4d. A. 6842

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

October 29. 1888

4. Place of Birth, (Street and Number)

920 Beran St.

5. Full Name of Mother,

Mary Maschmeyer

6. Mother's Maiden Name,

Mary Schner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Maschmeyer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Dr. J. W. H. H. H.

Address,

800 Seanderhall St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6843

Sex ☒ male whether male or female

Race or Color, (if not of the white race)

White

Date of Birth,

Oct 29th

Place of Birth, (Street and Number)

#1631 Suid Kill Cir

Full Name of Mother,

Laura Skeese

Mother's Maiden Name,

" Schelly.

Mother's Birthplace,

Balto Co

Full Name of Father,

Frank Skeese

Father's Occupation,

Painter

Father's Birthplace,

Amstunton Pa.

Name of Medical Attendant,

or other Person who makes this Return

John S. Huck

Address,

#647 W. Nourse St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.),

25-

A

6844

1. Sex (state whether male or female),

Female,

2. Race or Color (if nat of the white race),

White,

3. Date of Birth,

October 29th.

4. Place of Birth (Street and Number),

N. 711 Scott St.

5. Full Name of Mother,

Annetta Howser,

6. Mather's Maiden Name,

Thomas.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

George Howser,

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return.

Wm. H. Adger, M.D.

Address,

Wm. H. Adger, M.D.,
100 N. Calumet & Fremont Cor.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. A 6846

Sex, (State whether male or female) Male White

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 29.

4. Place of Birth, (Street and Number) No 1226 Williams St.

5. Full Name of Mother, Mary E. Leigear

6. Mother's Maiden Name, Mary E. Funnally

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Wm. R. Leigear

9. Father's Occupation, Miller

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Conway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* *A 6846*

1. Sex, (State whether male or female) *white William Hamnell*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *10 October 1938*

4. Place of Birth, (Street and Number) *Case St. 1014*

5. Full Name of Mother, *Anna Hamnell*

6. Mother's Maiden Name, *" Cable*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Hamnell*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other person who makes this Return, *Anna Mary Hager*

Address, *1014 Case St. 1938*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child 6847

Sex, (State whether male or female)

male Michael Henrichsh

2. Race or color, (if not of the white race)

white

3. Date of Birth,

29 October 1898

4. Place of Birth, (Street and Number)

Chese St. 2010.

5. Full Name of Mother,

Margareta Annie Henrichsh

6. Mother's Maiden Name,

W. Schmid

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Henrichsh

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Anne Maria Burger Public Hs. 1947

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6848

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 29/88

4. Place of Birth, (Street and Number) Winchester

5. Full Name of Mother, Sophia Boyd

6. Mother's Maiden Name, Sophia Clemons

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm. Boyd

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, W. H. Carter M.D.

Address, 1807 N. Back St.

Remarks, _____

for each offense to be recovered as other fines and for all fines are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 A. 6649
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) African
3. Date of Birth Oct 27 1888.
4. Place of Birth, (Street and Number) 105 E. Lombard St
5. Full Name of Mother, Georgianna H. Griffin
6. Mother's Maiden Name, Georgianna Jones
7. Mother's Birthplace, Fredk Co Md
8. Full Name of Father, John H. Griffin
9. Father's Occupation, Teacher
10. Father's Birthplace, Montgomery Co Md
- Name of Medical Attendant, Dr. McKim
or other Person who makes this Return.
- Address, Office 311 N. Charles St
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A 6630

Sex, (State whether male or female)

Male
W

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct Nov. 29 - 1888

4. Place of Birth, (Street and Number)

1634 Barnes

5. Full Name of Mother,

Mary Capek
Smith

6. Mother's Maiden Name,

" " Bohemian

7. Mother's Birthplace,

8. Full Name of Father,

Vaclav Capek
Laborer

9. Father's Occupation,

Bohemian

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Courten
1621 Barnes

Address,

Remarks,

Persons who shall be liable to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The second child.

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

The 29 October

4. Place of Birth, (Street and Number)

No 16 Cottage Ave. Carroll

5. Full Name of Mother,

Mrs Lizzie H. Alkinson

6. Mother's Maiden Name,

Miss Lizzie H. Smith

7. Mother's Birthplace,

Born Jersey State Pennsylvania

8. Full Name of Father,

Charles C. Alkinson

9. Father's Occupation,

Busset Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Annie Lindner

Address,

No 100 S Monroe St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6802

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th October 88

4. Place of Birth, (Street and Number)

1309 Linden Ave

5. Full Name of Mother,

Kate C Bond

6. Mother's Maiden Name,

Chapman

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

B. Frank Bond

9. Father's Occupation,

Paper Dealer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

H. W. Ovington M. D.

Address,

Balto.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 6653
- Sex, (state whether male or female) female
- Race or color, (if not of the white race) Colored
- Date of Birth, 29 of Oct
- Place of Birth, (Street and Number) 1137 Hull Lane
- Full Name of Mother, Elizabeth Bailey
- Mother's Maiden Name, Elizabeth Shields
- Mother's Birthplace, Colton Shore wa accomack
- Full Name of Father, Boac Bailey
- Father's Occupation, Cyler Shucker
- Father's Birthplace, Pembroke Sound let County wa
- Name of Medical Attendant, or other person who makes this Return, Larkin Tomblin
- Address, 308 ~~St~~ Westmont St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A

66157

Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct. 29th 1888

4. Place of Birth, (Street and Number)

9 Block st.

5. Full Name of Mother,

Barbara Mc. Donald

6. Mother's Maiden Name,

Joetna

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Mc. Donald

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs C. Bernstein

Address,

122 S. Euter st.

Remarks,

Jeeted to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child* *A. 6868*
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *Caucasian*
3. Date of Birth, *Oct 29 1898.*
4. Place of Birth, (Street and Number) *1737 Orleans St.*
5. Full Name of Mother, *Mattie Boston.*
6. Mother's Maiden Name, *Mattie Jackson*
7. Mother's Birthplace, *Eastern Shore Md.*
8. Full Name of Father, *John Boston.*
9. Father's Occupation, *labor.*
10. Father's Birthplace, *Eastern Shore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Quaydie Woodford.*
- Address, *432 North Register St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The first 1886

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

29th October

4. Place of Birth, (Street and Number)

139 S. Schroeder

5. Full Name of Mother,

Emily Elizabeth Martin

6. Mother's Maiden Name,

" " Detering

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Martin

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Seebach

Address,

735 W Pratt St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

am

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Arthur Nordin* 4. *A 6857*
of Child of Mother, (date whether 1st, 2d, 3d, etc.)
Sex, (state whether male or female) *male*
Race Color, (if not of the white race)
Date of Birth, *October 30*
Place of Birth, (Street and Number) *Garrett Avenue (Longest Point)*
Full Name of Mother, *Betha (Bengta) (Nordin) Nordin*
Mother's Maiden Name, *Bengta Lindqvist*
Mother's Birthplace, *Kerik (Sweden)*
Full Name of Father, *Harry (Hans) (Nordin) Nordin*
Father's Occupation, *Mariner*
Father's Birthplace, *Kerik (Sweden)*
Name of Medical Attendant, or other Person who makes this Return *Ellen Smith*
Address, *1913. Eastern av Baltimore, Md.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. A. 6858

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 30th. 1888

4. Place of Birth, (Street and Number)

Park Avenue

5. Full Name of Mother,

Lizzie Soul

6. Mother's Maiden Name,

Lizzie Grimmel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Soul

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

M. J. Butt

Address, 1245 Monument St. Y. Centre av.

Remarks, All Well

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. *Chila* ⁶⁸⁵⁹
Female.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 30 — 1888.

4. Place of Birth, (Street and Number)

35 Cross st.

5. Full Name of Mother,

Katie Clejot.

6. Mother's Maiden Name,

Griebel.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Charles Clejot.

9. Father's Occupation,

Engineer

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife
1032 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Eight 8th A 6860*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 30th 1888*

4. Place of Birth, (Street and Number) *1860 Stocking Street*

5. Full Name of Mother, *Barbara Kopman*

6. Mother's Maiden Name, *Barbara Shilling*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Kopman*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

11. Name of Medical Attendant, or other person who makes this Return, *Mrs Annie Wenzel*

Address, *1205 Penna Avenue*

Remarks,

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

SECOND.

A 6861

1. Sex, (state whether male or female)

FEMALE.

2. Race or Color, (if not of the white race)

WHITE

3. Date of Birth,

OCTOBER 30 1888.

4. Place of Birth, (Street and Number)

2056 EAST HOF-MAN ST.

5. Full Name of Mother,

LAURA GIBSON,

6. Mother's Maiden Name,

BURNS.

7. Mother's Birthplace,

MARYLAND.

8. Full Name of Father,

S. S. GIBSON..

9. Father's Occupation,

IRON WORKMAN..

10. Father's Birthplace,

VIRGINIA.

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Sullivan M.D.

Address,

5 EA ST MIDDLE ST

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

A. 8862

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth.

30th October.

4. Place of Birth, (Street and Number)

Hoare Street No. 1221.

5. Full Name of Mother.

Weronika Wiszniewski

6. Mother's Maiden Name.

Weronika Koprowski

7. Mother's Birthplace.

Deutschland

8. Full Name of Father.

Stanislaw Wiszniewski

9. Father's Occupation.

Lehrer.

10. Father's Birthplace.

Deutschland.

Name of Medical Attendant, or other person who makes this Return.

Miss P. Liermann, M.D.

Address,

Hoare Street 1221.

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6863

1. Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 30 1898

4. Place of Birth, (Street and Number)

647 W. Barre St.

5. Full Name of Mother,

Mary Elizabeth Retz

6. Mother's Maiden Name,

Meyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George S. Retz

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 6864
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Tuesday Oct 30th 1883
4. Place of Birth, (Street and Number) #320 Courtland St
5. Full Name of Mother, Mary Julia Jones Tyler
6. Mother's Maiden Name, Mary Julia Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Tyler
9. Father's Occupation, Painter
10. Father's Birthplace, Jacksonville, Florida
- Name of Medical Attendant, or other person who makes this Return Mrs Jane D. Lister
- Address, #10 Hamilton St
- Remarks, _____

jected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

STICK DATE ADDED, 5-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 A 6865

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 30 / 88

4. Place of Birth, (Street and Number)

W^o 2004 Pleasant Pl

5. Full Name of Mother,

Kate Friedrich

6. Mother's Maiden Name,

Rathgeber

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Friedrich

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address,

W^o 405 S. Washington St.

Remarks,

Persons who neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6866

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

30th October

4. Place of Birth, (Street and Number)

511 Mosher Street

5. Full Name of Mother,

Ellie Rogers

6. Mother's Maiden Name,

Ruth Jones

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Joseph Rogers

9. Father's Occupation,

coal driver

10. Father's Birthplace,

Carroll County Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Annie Rogers

Address,

1503 Pennsylvania Avenue

Remarks,

Printed to the line of ten and dollars for each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7, A 6867

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 30
88

4. Place of Birth, (Street and Number)

No 2230 Essex St

5. Full Name of Mother,

Mary Felling
Moser

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Ernest Felling

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2 A. 6868

Sex, (state whether male or female) girl

2. Race or color, (if not of the white race)

3. Date of Birth, 30 October

4. Place of Birth, (Street and Number) 1219 Ann St.

5. Full Name of Mother, Ann Quinlan

6. Mother's Maiden Name, McGarrigle

7. Mother's Birthplace, Ireland

8. Full Name of Father, Andrew Quinlan

9. Father's Occupation, carpenter

10. Father's Birthplace, Shelbyville, Indiana

Name of Medical Attendant, or other person who makes this Return, John H. Miller

Address, 1219 E. Rega

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) white

3. Date of Birth, Balto Oct 30, 1888

4. Place of Birth, (Street and Number) 7 Cambridge St

5. Full Name of Mother, Frederica Theman

6. Mother's Maiden Name, Frederica Wilchen

7. Mother's Birthplace, Germany

8. Full Name of Father, John Theman

9. Father's Occupation, Ship Chandler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mrs. Mary Seward

Address, 410 South Wolfe St

Remarks, ff

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Balto Oct. 30. 1888*

4. Place of Birth, (Street and Number) *302 S. Bond St.*

5. Full Name of Mother, *Mary J. Keller*

6. Mother's Maiden Name, *Mary Kneel*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Adrian Keller*

9. Father's Occupation, *Cigar Manufacturer*

Father's Birthplace, *America*

Name of Medical Attendant, or other person who makes this Return, *Dr. Mary Ann*

Address, *710 S. Bond St.*

Remarks, *11*

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 6871

1. Sex, (state whether male or female) *3 female*
2. Race or Color, (if not of the white race) *collar*
3. Date of Birth, *October 29 more city 426*
4. Place of Birth, (Street and Number) *city more city*
5. Full Name of Mother, *Agustus Blackston*
6. Mother's Maiden Name, *Agustus Lockett*
7. Mother's Birthplace, *city*
8. Full Name of Father, *Budy Hosen*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *city*
11. Name of Medical Attendant, or other Person who makes this Return *Schollott Gonsbery*
- Address, *553 more city*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1- 6872
Male
Colored
October 30, 1888

156 Archer St
Annie Johnson
Annie Reid
West Va
Henry Johnson
Water
West Va

Henry or Mason
S 37 W 4th ally

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Kukst Drexel 3rd Child Δ 6873
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female).

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

October 30th 1888.

4. Place of Birth, (Street and Number)

216 W. Lexington St.

5. Full Name of Mother,

Catherine Drexel.

6. Mother's Maiden Name,

" Kukst.

7. Mother's Birthplace,

Baltic City.

8. Full Name of Father,

Frank. F. Drexel.

9. Father's Occupation,

Clerk -

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

R. J. W. Tall. M.D.

Address,

524 Sharp St.

Remarks,

jected to the fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A 6874

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

October the 9th

4. Place of Birth, (Street and Number)

Baltimore light st N 1513

5. Full Name of Mother,

Louisa Brown

6. Mother's Maiden Name,

Dervall

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Frank Brown

9. Father's Occupation,

labour

Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hathorn

Address,

light st N 1514

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 8875

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 30/88

4. Place of Birth, (Street and Number) 1513 Riggs Ave

5. Full Name of Mother, Ellie Mayfield

6. Mother's Maiden Name, Ellie Carter

7. Mother's Birthplace, Virginia

8. Full Name of Father, Levin C. Mayfield

9. Father's Occupation, Gravel-man

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other Person who makes this Return, Wm. H. Carter M.D.

Address, 1807 N. Baltimore St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 6876

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, October 30

4. Place of Birth, (Street and Number) 1731 Orleans St.

5. Full Name of Mother, Maggie Mehler

6. Mother's Maiden Name, Herley

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, August Mehler

9. Father's Occupation, Baker

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Rose Ulbrich

Address,

1302 Holland St.

Remarks,

Balto.

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth 6877

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 30, 1888

4. Place of Birth, (Street and Number)

939 Ridgely St

5. Full Name of Mother,

Lizzie Pierick

6. Mother's Maiden Name,

Pierick

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

August Pierick

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Gustav Dill

Address,

Lombard & Calhoun Sts

Remarks,

Baltimore Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A 6878

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 30th 1888

4. Place of Birth, (Street and Number)

1943 N. Lombard St.

5. Full Name of Mother,

Maggie Brown

6. Mother's Maiden Name,

Maggie Downing

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Geo. F. Brown

9. Father's Occupation,

Artesian well driller

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

M. H. Carter M.D.

Address,

1807 W. Balto. St.

Remarks,

for each offense to be recovered as other fines and fees herein are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child* *A 6879*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 30th 1888

4. Place of Birth, (Street and Number)

714 S. Bond St.

5. Full Name of Mother,

Lola B. Kanne

6. Mother's Maiden Name,

Lola B. Need

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Henry Kanne

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Just. Powell M.D.

Address,

2124 St. Paul St.

Remarks,

Child Healthy

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A. 6880

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct 30 1888

4. Place of Birth, (Street and Number)

1122 Scott

5. Full Name of Mother,

Mollie Bender

6. Mother's Maiden Name,

Mollie Long

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Alfred Bender

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this return.

Geo R Graham M.D.

Address,

Remarks,

Printed to the use of the Registrar of Vital Statistics for each district, to be recovered in other files and registers are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh* *A. 6881*
- Sex, (state whether male or female) *female*
- Race or color, (if not of the white race) *white*
- Date of Birth, *Oct. 30. 1888.*
- Place of Birth, (Street and Number) *1707 Edmondson Ave.*
- Full Name of Mother, *Marian B. Harris*
- Mother's Maiden Name, *Conyle*
- Mother's Birthplace, *Balto. City*
- Full Name of Father, *J. W. Thos. Harris*
- Father's Occupation, *News Reporter*
- Father's Birthplace, *Winchester, Va.*
- Name of Medical Attendant, or other person who makes this Return, *J. H. Christian, M.D.*
- Address, *1821 Madison Ave.*
- Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other laws and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

A. 6882

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct, 31st 1888

4. Place of Birth, (Street and Number)

1746 Howard St.

5. Full Name of Mother,

Mary Albach

6. Mother's Maiden Name,

Mary Frank

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred Albach

9. Father's Occupation,

Labor

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Estherina Albach

Address,

800 Seadenhall St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

A 6883

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 31st 88

4. Place of Birth, (Street and Number)

400 Lexington St

5. Full Name of Mother,

Theresa M. Chilcote

6. Mother's Maiden Name,

Manger

7. Mother's Birthplace,

Whitburg Germany

8. Full Name of Father,

Richard E. Chilcote

9. Father's Occupation,

Restaurant Keeper

Father's Birthplace,

Frederick, Md.

Name of Medical Attendant, or other person who makes this Return

Lathema Munch

Address,

800 Seaboard St.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 first child*
1 (2) 5-11-1888 6864.
 Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Oct 31 1888*

4. Place of Birth, (Street and Number) *412 W. Henrietta St*

5. Full Name of Mother, *Anna Amelia Catharine Schaefer*

6. Mother's Maiden Name, *Heise*

7. Mother's Birthplace, *204 St. Hamburg St*

8. Full Name of Father, *Andrew Schaefer*

9. Father's Occupation, *Tinner*

Father's Birthplace, *503 W. Lee St*

Name of Medical Attendant, or other person who makes this Return.

Dr. Wm. H. Harrison

Address, *927 South Pittsburg St*

Remarks,

jected to fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 2116 West Pratt St.

Remarks,

4
female
White

21 of October

37 Landon Avenue

Metha Barton

Langson

Baltimore

Carly Barton

laborer

Baltimore

Friedricka Kemler midwife

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A 6886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 31 88

4. Place of Birth, (Street and Number)

127 W. Camden St. - Baltimore

5. Full Name of Mother,

Mary Stephen

6. Mother's Maiden Name,

Mary Raudatch

7. Mother's Birthplace,

Lithuania, Russia

8. Full Name of Father,

Chas Stephen

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Robt W Johnson M.D.

Address,

101 W Franklin St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child A. 6887

1. Sex, (State whether male or female)

Mail child

2. Race or color, (if not of the white race)

white -

3. Date of Birth,

31 of October

4. Place of Birth, (Street and Number)

Bd to Clement St. 445

5. Full Name of Mother,

Hellie R. Smith

6. Mother's Maiden Name,

Hellie R. Gouche

7. Mother's Birthplace,

Piford Md

8. Full Name of Father,

William S. Smith

9. Father's Occupation,

House Carpenter

Father's Birthplace,

Catskill New York

Name of Medical Attendant, or other person who makes this Return.

Address,

Mrs Conway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

A. 6888

Sex. (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth.

31st October 1888

4. Place of Birth. (Street and Number)

414 Wehage St

5. Full Name of Mother,

Sarah Bowman

6. Mother's Maiden Name,

Harblave

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Phillip Bowman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Yewell

Address,

516 Fort Ave

Remarks,

any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *6889*
 1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Oct 31/88*
 4. Place of Birth, (Street and Number) *36 E. Montgomery St*
 5. Full Name of Mother, *Lena Heim*
 6. Mother's Maiden Name, *Lena Richards*
 7. Mother's Birthplace, *Balto*
 8. Full Name of Father, *Geo. Wm Heim*
 9. Father's Occupation, *Soda Water Bottler*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *Brother's Munch*
 Address, *800 Leadenhall St.*
 Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 A. 68/90

1. State whether male or female

Female

2. Race or Color, (if not of the white race)

White -

3. Date of Birth,

Oct 31, 1888

4. Place of Birth, (Street and Number)

2109 Guilford Ave

5. Full Name of Mother,

Ann E. Bonchello

6. Mother's Maiden Name,

" " Satterfield

7. Mother's Birthplace,

Acil Co Ind

8. Full Name of Father,

A. J. Bonchello

9. Father's Occupation,

Officer in Custom House

10. Father's Birthplace,

Acil Co Ind

Name of Medical Attendant, or other Person who makes this Return

A. Jinsley Ind

Address.

2029 St Paul St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 9th Child.
Female.

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

The 31st October,
No 114 S. Mount St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Susie Murray.

6. Mother's Maiden Name,

Susie Bieri.

7. Mother's Birthplace,

York, Pennsylvania.

8. Full Name of Father,

Gas. A. Murray.

9. Father's Occupation,

Electrician.

Father's Birthplace,

Baltimore County.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Lindner.

Address,

No 106 S. Monroe St.

Remarks,

Noted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child A 1892

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Oct. 31st 1888

4. Place of Birth, (Street and Number) #308 Smallwood St.

5. Full Name of Mother, Agnes Sommer

6. Mother's Maiden Name, Amthorn

7. Mother's Birthplace, Rensselaer Buren

8. Full Name of Father, Gottlieb Sommer

9. Father's Occupation, Organ Builder

10. Father's Birthplace, Hinterberg

Name of Medical Attendant, or other person who makes this Return, Annie Sommer

Address, 106 S. Mount St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

The 31 of Oct 1888

4. Place of Birth, (Street and Number)

121005 E. Gay

5. Full Name of Mother,

Mary Springer

6. Mother's Maiden Name,

Mary Schandelle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Sossinger

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. C. L. Lauer

Address,

121029 Hartford Ave

Remarks,

Bul Diff
1888

Look to the line often (or dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A 6894*

4. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 31st*

4. Place of Birth, (Street and Number) *#1206 Whatcoat St.*

5. Full Name of Mother, *Laura Virginia White Shuts*

6. Mother's Maiden Name, *Laura Virginia White*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Charles F. Shuts*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Wm Seebach*

Address, *735 W Pratt St*

Remarks,

Printed to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.* *A. 6895*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 1st, 1888.*

4. Place of Birth, (Street and Number) *2426 Oak St.*

5. Full Name of Mother, *Mary Ellen Haslup*

6. Mother's Maiden Name, *Mary Ellen Wallman*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *James Haslup*

9. Father's Occupation, *Practical Electrician*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*

Address, *Bot Co, Hampden P.O.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 6896

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 1. October

4. Place of Birth, (Street and Number) Elgill St. No. 2914

5. Full Name of Mother, Clara E. Zimmerman

6. Mother's Maiden Name, Clara Miller

7. Mother's Birthplace, Wilmington, Delaware

8. Full Name of Father, James E. Zimmerman

9. Father's Occupation, John Carpenter

Father's Birthplace, Kindred, Texas

Name of Medical Attendant, or other person who makes this Return, Chas. P. Lierseman, M.D.

Address, Flower Street 1225

Remarks,

Subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

A 6897

Sex. (State whether male or female)

Female.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 1st

4. Place of Birth, (Street and Number)

Harford ave. 929.

5. Full Name of Mother,

Mrs.

6. Mother's Maiden Name,

M. Jennis

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

St. Ward.

9. Father's Occupation,

Plumber

Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

M^{rs} Ward.

Address,

829. E. Ave.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

6898

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 1 - 1888

4. Place of Birth, (Street and Number)

1530 E Pratt St.

5. Full Name of Mother,

Caroline Frank

6. Mother's Maiden Name,

Maiselle

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. Frank

9. Father's Occupation,

Shoe Maker

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Allen

Address,

1429 E. Pratt St.

Remarks,

any such person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *22*

A 6899

1. Sex, (state whether male or female) *Male.*

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 1st 1888.

4. Place of Birth, (Street and Number) *1115 Alham st*

5. Full Name of Mother, *Liza Petzgay.*

6. Mother's Maiden Name, *" " Nicklouse.*

7. Mother's Birthplace,

Bohemia

8. Full Name of Father, *Alfred Petzgay*

9. Father's Occupation, *Laborer*

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Summary
Mrs Eliza Petzgay
1144 Birch St.

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6900

Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. Date of Birth,

October 1st 1888

4. Place of Birth, (Street and Number)

Hill St. No. 34

5. Full Name of Mother,

Minnie Booth

6. Mother's Maiden Name,

Minnie Coetz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John T. Booth

9. Father's Occupation,

Restaurant

Father's Birthplace,

St. Mary's County

Name of Medical Attendant, or other person who makes this Return.

John T. Booth

Address,

800 Leadenhall St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

~~GIVEN NAME ADDED 3-27-57~~
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Francis Haughey
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 6901*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Oct 1st 1888

4. Place of Birth (Street and Number),

Penna Ave. Extended

5. Full Name of Mother,

Caroline Haughey

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Haughey

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Chas E Sadler

Address,

2100 South Hill Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A-6902

Sex, (State whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, Oct 2nd

Place of Birth, (Street and Number) 925 Burgundy

Full Name of Mother, Annie Gatzendanner

Mother's Maiden Name, Chambers

Mother's Birthplace, City

Full Name of Father, Thos. J. Gatzendanner

Father's Occupation, Printer

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. Burch Md

Address, 511 V. Avenue St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 6903

Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

October the 2st

4. Place of Birth, (Street and Number)

Baltimore Hanover St 1452

5. Full Name of Mother,

Mary West
Egen

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William West

9. Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hathorn

Address,

Light St 1514

In persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

A. 6904

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race).

Colored.

3. Date of Birth,

October 2nd, 1888

4. Place of Birth, (Street and Number)

702 Stirling St.

5. Full Name of Mother,

Larrah Lohie

6. Mother's Maiden Name,

" Chase

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jeg. Gawn

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs M. A. Butler

Address, 1245 Monument St. cor Central av.

Remarks, All well

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of \$5.00 for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *A. 6905*
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Oct 2nd 1888*
4. Place of Birth, (Street and Number) *2912 Little Massena St.*
5. Full Name of Mother, *Neana Koop*
6. Mother's Maiden Name, *" Suser*
7. Mother's Birthplace, *City*
8. Full Name of Father, *George Koop*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Eliza Dwyer*
- Address, *1721 Bank St*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 7-14-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Augusta Elizabeth Schmidt*

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 6906

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct 2, 1888

4. Place of Birth, (Street and Number)

1642 Light St.

5. Full Name of Mother,

Elizabeth Schmidt

6. Mother's Maiden Name,

Elisaveth Wagner

7. Mother's Birthplace,

Balto

8. Full Name of Father,

August C. Schmidt

9. Father's Occupation,

higoum dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Nate Munch

Address,

800 Baden Hall St.

Remarks,

Filed 11-2-1888

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1 A 6907
Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 2 - 1888
4. Place of Birth, (Street and Number) 1121 E Lombert St.
5. Full Name of Mother, Clara Sacks
6. Mother's Maiden Name, Seiks
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Sacks
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, Mary Stein
Address, 1427 E Pratt St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

A 6908

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 3 - 1888

4. Place of Birth, (Street and Number)

1434 Block St.

5. Full Name of Mother,

Mary Mahan

6. Mother's Maiden Name,

Crahn

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

Wm. Hechan

9. Father's Occupation,

Laborer

Father's Birthplace,

Scotland

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

6909

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 3d .88

4. Place of Birth, (Street and Number)

115 W. Lombard st.

5. Full Name of Mother,

Catharine Rosenberger

6. Mother's Maiden Name,

unknown

7. Mother's Birthplace,

Germany

8. Full Name of Father,

unknown

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

A. W. Wendel M.D.

Address,

115 W. Lombard st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* A 6910

Sex, (State whether male or female) *Male*

Race or color, (if not of the white race) *A*

Date of Birth, *At 3 - 1888*

Place of Birth, (Street and Number) *249 N. Eden St.*

Full Name of Mother, *L. J. Gregory*

Mother's Maiden Name, *Davis*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Wm. Gregory*

Father's Occupation, *Labourer*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary Steier*

Address, *1427 E. Pratt St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third 3* *6911*

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

of colored race

3. Date of Birth,

Born Saturday 3

4. Place of Birth (Street and Number),

Baltimore court no 4

5. Full Name of Mother,

Louisa Barrett

6. Mother's Maiden Name,

the same

7. Mother's Birthplace,

Baltimore Mechanics Court

8. Full Name of Father,

James Boon

9. Father's Occupation,

draughtsman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

James H. Rogers

Address,

No 22 Barrett St

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 6912

1. Sex, (State whether male or ~~female~~)

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 3/88

4. Place of Birth, (Street and Number) 814 Bridgety St

5. Full Name of Mother, Pauline Linton

6. Mother's Maiden Name, Pauline Linton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hy Linton

9. Father's Occupation, Handman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Mearns

Address, 100 Leadenhall St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A. 69/13
 Sex, (State whether male or female) Male
 Race or color, (if not of the white race) White
 Date of Birth, October 4th. 1888
 Place of Birth, (Street and Number) 217 Cheswick St
 Full Name of Mother, Emma Lewis
 Mother's Maiden Name, Emma Bibbs
 Mother's Birthplace, Balto.
 Full Name of Father, John Lewis
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs M. H. Burr
 Address, 1245 Monument St. & Central av
 Remarks, All Male

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

6914

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

October the 4th

4. Place of Birth, (Street and Number)

Baltimore Light St 1515

5. Full Name of Mother,

Clara E. Hawkins

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles E. Hawkins

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Lathorn

Address,

Light St no 1514

Remarks,

attendants upon the mother immediately thereafter, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, who shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th A 6915
Male

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4th October 1888

4. Place of Birth, (Street and Number)

1446 Garrett Ave

5. Full Name of Mother,

Virginia Brooks

6. Mother's Maiden Name,

Muchison

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Brooks

9. Father's Occupation,

Painter

10. Father's Birthplace,

Beaufort N C

Name of Medical Attendant, or other person who makes this Return.

Edw. G. Jewell

Address,

510 East Ave

Remarks,

Persons who report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be duly satisfied with the accuracy of the information furnished, shall be entitled to a certificate of birth, which shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A 6916

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 4 / 88

4. Place of Birth, (Street and Number)

729 Janoale St. Ext.

5. Full Name of Mother,

Emma B. Parker

6. Mother's Maiden Name,

Emma B. Belson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. F. Parker

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

W. H. Carter M.D.

Address,

1807 W. Baltwgt

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense for the recovery of which the provisions of this section are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d.* *A. 6917*
1. ☒ (state whether male or female) *M.*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *Oct. 5th. 1888*
4. Place of Birth, (Street and Number) *917 Milton Place*
5. Full Name of Mother, *Sarah Wenneagle*
6. Mother's Maiden Name, *Klyen*
7. Mother's Birthplace, *Baet.*
8. Full Name of Father, *Geo. W. Wenneagle*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baet.*
- Name of Medical Attendant, or other Person who makes this Return *Chas. H. Jeff*
- Address, *763 W. Gayette St.*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A 6918

1. Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

October 5th 1888,

4. Place of Birth, (Street and Number)

636 Barre St.,

5. Full Name of Mother,

Alberta G. Eberts,

6. Mother's Maiden Name,

" " Miller,

7. Mother's Birthplace,

Balto. City - "

8. Full Name of Father,

Arthur P. Eberts,

9. Father's Occupation,

Piano-maker,

Father's Birthplace,

Balto. City - "

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall, M.D.,

Address,

524 Sharp St.,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 6919

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 5 1888

4. Place of Birth, (Street and Number) 125 Madison ally.

5. Full Name of Mother, Theres Frank.

6. Mother's Maiden Name, " " Deal.

7. Mother's Birthplace, City

8. Full Name of Father, George Frank

9. Father's Occupation, Laborer

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return.

Mr. Eliza Bels
1444 Bank St.

Address,

Remarks,

any such person or persons who shall neglect to cause the birth of every child to be registered in this section shall be subjected to the fine of ten dollars for each violation, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 6921

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 8 - 1888

4. Place of Birth, (Street and Number)

1130 Block St.

5. Full Name of Mother,

Jenni Mullen

6. Mother's Maiden Name,

Burns

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Mullen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return

Mary Steine

Address,

1427 E. Pratt St.

Remarks,

child to report its birth to the Commissioner of Health, in compliance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered at other fines and forfeitures are recoverable.

7. Immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be liable for each offence, to be recovered as other fines and forfeitures are recovered.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant. or other person who makes this Return.

ess,

Missing #A 6922 - #6949, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first A 6900

1. Sex, (State whether male or female)

female.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

11th October

4. Place of Birth, (Street and Number)

700 Portland St.

5. Full Name of Mother,

Thelma Mary Richner.

6. Mother's Maiden Name,

L. Gumbach.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles August Richner.

9. Father's Occupation,

Baker.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Max Schbach

Address,

735 W. Pratt St.

Remarks,

shall report as birth to the Commissioner of Health, in the following cases: (1) In the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. (2) In the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. (3) In the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth child A. 6967

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct 11 - 88

4. Place of Birth, (Street and Number)

More Alby off St. Paul St. Baltimore

5. Full Name of Mother,

Fannie Hall

6. Mother's Maiden Name,

Fannie Goodridge

7. Mother's Birthplace,

Ann Arundel Co

8. Full Name of Father,

Thomas Hale

9. Father's Occupation,

Rough work

Father's Birthplace,

Long Green Harford Co Md

Name of Medical Attendant, or other person who makes this return

Corinna J. Wild M D

Address,

Waverly Baltimore Co Md

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten and four dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one* *6902*
 1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *11th Oct*
 4. Place of Birth, (Street and Number) *Bowen St. #1174.*
 5. Full Name of Mother, *Matilda Horn*
 6. Mother's Maiden Name, *Matilda Kordagefski*
 7. Mother's Birthplace, *Germany Hergau.*
 8. Full Name of Father, *Friedrich Horn*
 9. Father's Occupation, *Machinist.*
 10. Father's Birthplace, *Germany Inspruck*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Seebach*
 Address, *735th Pratt St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d child* *A* *6953*
1. Sex, (State whether male or female). *Female*
2. Race or color, (if not of the white race). *White*
3. Date of Birth, *October 11, 1888*
4. Place of Birth, (Street and Number) *Tright St. 1888*
5. Full Name of Mother, *Mary Carter Apple*
6. Mother's Maiden Name, *Mary Apple Carter*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Apple*
9. Father's Occupation, *Stapler*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mr. Casney*
- Address, *213 C. Market St.*
- Remarks, *Doing Well*

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child* *6984*

1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *October 12, 1888*
4. Place of Birth, (Street and Number) *Sharp St, 1220*
5. Full Name of Mother, *Mary Lenard*
6. Mother's Maiden Name, *Mary Pop*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Lenard*
9. Father's Occupation, *Varnisher* *Baltimore*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *M. R. Caskey*
- Address, *213 E. North St.*
- Remarks, *Doing Well*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as above, fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d A 6955

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth Oct 12^d

4. Place of Birth, (Street and Number) 1606 W. Calver

5. Full Name of Mother, Oscaria Fuller Lober

6. Mother's Maiden Name, Oscaria Fuller

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm. Frank Lober

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J. E. Chatham Jr. M.D.

Address, 516 Park

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period always required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

any area person of person who shall be liable for the same, to be recovered as other fines and forfeitures are recoverable. deducted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3 *red*

A. 6958

- M.
White
Oct. 12th

Monument. d. 12/6.

Jennie Hall.

1. Gardiner

Part. de Poiss

C. H. Hall,

Freight Handler

Bulto

- W^{ro} Ward.

829. Green, St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

A. 6967

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 12th. 1888

4. Place of Birth, (Street and Number)

1339 Monument St

5. Full Name of Mother,

Aug. Zeller

6. Mother's Maiden Name,

Aug. Bautecher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mrs. Zeller

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

M. A. Burt

Address, 1245 Monument St. & Central av.

Remarks, Baltimore All Well

jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

A. 6958

2. Sex, (State whether male or female)

Female

3. Race or color, (if not of the white race)

White

4. Date of Birth,

October 12th 1888

5. Place of Birth, (Street and Number)

1001 Washington St.

6. Full Name of Mother,

Mary E. B. B.

7. Mother's Maiden Name,

Mary Meider

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

W. E. Est.

10. Father's Occupation,

Machinist

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

W. A. Burt

Address, 1245 Monument St. Cor. Central av.

Remarks: All well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A. 5959

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, October 12th. 1888

4. Place of Birth, (Street and Number) 28 Euter St.

5. Full Name of Mother, Mary Eckhardt.

6. Mother's Maiden Name, " Schmidt.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Eckhardt.

9. Father's Occupation, Horseshoe

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 Monument St. 4 Cent. Ave.

Remarks, All well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

40 A 6960

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

October 12

4. Place of Birth, (Street and Number)

1121. E. Sharp St.

5. Full Name of Mother,

Minna. Baiter

6. Mother's Maiden Name,

Minna. Thirster

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry. Baiter

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Auguste. Berien

Address,

927. E. Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *6961*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 12/11*

4. Place of Birth, (Street and Number) *309 Clifton St (Belt)*

5. Full Name of Mother, *Ida Guyton*

6. Mother's Maiden Name, *Ida High*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thos Guyton*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *H. C. Polo*

Address, *# 2102 Madison St*

Remarks,

For full details as to how to fill out this form, see the instructions on the back of the form.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A 6962

1. Sex (state whether male or female),

Male,

2. Race or Color (if not of the white race),

White,

3. Date of Birth,

Oct. 13th 1888,

4. Place of Birth (Street and Number),

214 N. Calvert St.,

5. Full Name of Mother,

Jennie Hume,

6. Mother's Maiden Name,

Jennie Baxter,

7. Mother's Birthplace,

Illinois.

8. Full Name of Father,

James Hume,

9. Father's Occupation,

Steam Fitter,

10. Father's Birthplace,

Illinois.

Name of Medical Attendant, or other person who makes this Return.

D. H. Perkins, M.D.,

Address,

4 South Broadway.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A 6963

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

13th October 1888

4. Place of Birth, (Street and Number)

1627 Milliment St

5. Full Name of Mother,

Kate Beedner

6. Mother's Maiden Name,

" Holback

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Carl Beedner

9. Father's Occupation,

Bar Salloon

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. H. Butts

Address, 1245 Monument St. Y Central av.

Remarks, All well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 6964

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 13 1888

4. Place of Birth, (Street and Number)

702 Stricker St

5. Full Name of Mother,

Ida Born

6. Mother's Maiden Name,

Ida Barnes

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Charles Born

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

J H Patterson M D

Address,

102 Franklin St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

A 6965

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth

Oct 15th 1888

4. Place of Birth, (Street and Number)

Monmouth & Central Ave

5. Full Name of Mother,

Mary Sutherland Graham

6. Mother's Maiden Name,

Mary Sutherland

7. Mother's Birthplace,

B^a Virginia

8. Full Name of Father,

John Graham

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who makes this Return.

F. E. Chataud Jr

Address,

576 Park Ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 6966

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

October 13

4. Place of Birth, (Street and Number)

Month: Clair Dept

5. Full Name of Mother,

Johanna Freiling

6. Mother's Maiden Name,

Johannes Wiemann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Hartmann Freiling

9. Father's Occupation,

labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Berion

Address,

17 South Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

6967

1. Sex, (state whether male or female)

boy

2. Race or color, (if not of the white race)

3. Date of Birth,

13 October

4. Place of Birth, (Street and Number)

1415 Central Av.

5. Full Name of Mother,

Amelia Schiff

6. Mother's Maiden Name,

Shulman

7. Mother's Birthplace,

Grandenburg, Westchester Co.

8. Full Name of Father,

Isaac Schiff

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Grandenburg, Westchester Co.

Name of Medical Attendant, or other person who makes this Return.

Dr. J. H. Miller

Address,

1070 E. 3rd St.

Remarks,

Printed to the due of ten (10) minutes for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th - WILLIAM L. KRAUTER 6968*
1. Sex, (State whether male or female) *White Male Child*
2. Race or color, (if not of the white race)
3. Date of Birth, *October 13th 1888*
4. Place of Birth, (Street and Number) *1020 South Charles St.*
5. Full Name of Mother, *Louisa Krauter*
6. Mother's Maiden Name, *Louisa Keatz*
7. Mother's Birthplace, *York, Pa.*
8. Full Name of Father, *William Krauter*
9. Father's Occupation, *Liquor Dealer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Catharine A. Church*
- Address, *800 Leadenhall St.*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A-6464

● Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 24th 1888

4. Place of Birth, (Street and Number)

218 S. Carey st

5. Full Name of Mother,

Mary Snell

6. Mother's Maiden Name,

Bennett

7. Mother's Birthplace,

Balto city

8. Full Name of Father,

Joseph Snell

9. Father's Occupation,

Coal & Wood Dealer

● Father's Birthplace,

Balto city

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. L. Linn

Address,

337 W. Broadway st

Remarks,

True child.

for each offense to be recovered as other fines and for allures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6* *A. 5470*

1. Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *14 Oct 1888*

4. Place of Birth, (Street and Number) *717 Lanvale st Baltimore*

5. Full Name of Mother, *Elizabeth A Warfield*

6. Mother's Maiden Name, *Elizabeth Mathews*

7. Mother's Birthplace, *Ohio*

8. Full Name of Father, *James L Warfield*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Howard co Md*

Name of Medical Attendant, *E. Dumas* or other person who makes this Return.

Address, *1927 W Lombard st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *E* *A. 6971*
1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *October 14th 1888*
 4. Place of Birth, (Street and Number) *No 9 Stevens Court*
 5. Full Name of Mother, *Louisa Bergond*
 6. Mother's Maiden Name, *Louise Wixard*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Henry Bergond*
 9. Father's Occupation, *Wine Merchant*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Dumay*
- Address, *No 1727 W. Lombard St.*
- Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A. 5972

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 14 / 88

4. Place of Birth, (Street and Number)

26 S. Carey St

5. Full Name of Mother,

Kate Mc Cormick

6. Mother's Maiden Name,

Kirby

7. Mother's Birthplace,

Dalton, Md

8. Full Name of Father,

Peter J. Mc Cormick

9. Father's Occupation,

Hair Spinner (Wickham factory)

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

A. L. Spicer M.D.

Address,

835 E. Lombard St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Y of Child of Mother, (state whether 1st, 2d, 3d, &c) *1* 5973
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Oct 14 1888*
4. Place of Birth, (Street and Number) *315 Regester st*
5. Full Name of Mother, *Mary Cransford*
6. Mother's Maiden Name, *Rudolph*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Charles Cransford*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Eliza B. B.*
- Address, *124 1/2 Park St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Recorded to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6974

2. Sex, (State whether male or female)

Male

3. Race or color, (if not of the white race)...

White

4. Date of Birth,

October 14 - 88

5. Place of Birth, (Street and Number)

134 N Front

6. Full Name of Mother,

Fanny Kelly

7. Mother's Maiden Name,

(Bauer)

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Unknown

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Frank G. Myers, M.D.
4 St. Eustace St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* *A 6973*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Oct. 14 - 1898*
4. Place of Birth, (Street and Number) *1116 Granby*
5. Full Name of Mother, *Anna Volpert*
6. Mother's Maiden Name, *Kaiser*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm Volpert*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
- Address, *1427 E. Pratt St.*
- Remarks,

any such person of persons who shall fail to file this return, or who shall file a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male* *A 6976*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 1st 1911*

4. Place of Birth, (Street and Number) *510 Lillian Street*

5. Full Name of Mother, *Margie Slump*

6. Mother's Maiden Name, *Mary, Slump*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Slump*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs Anna M. Slump*

Address, *507 Pennsylvania Ave*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 5977*

1. Sex, (State whether male or female). *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Oct. 14th 1888*

4. Place of Birth, (Street and Number). *Nation st.*

5. Full Name of Mother, *Lizzie Fealy*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Fealy*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, *122 S. Epton st.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 6/78
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white race
3. Date of Birth, October the 14th
4. Place of Birth, (Street and Number) Baltimore Fort St No 19
5. Full Name of Mother, Mary Wiebking
6. Mother's Maiden Name, Lotz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Wiebking
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathorn
- Address, Light St No 15 1/2
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth 8th A. 6779*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 15th 1888*

4. Place of Birth, (Street and Number) *847 Harlem Avenue*

5. Full Name of Mother, *Annie Rea*

6. Mother's Maiden Name, *Annie O. General*

7. Mother's Birthplace, *York County*

8. Full Name of Father, *James St. Rea*

9. Father's Occupation, *Commission Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return. *Dr. Anna M. M. M.*

Address, *1502 Penn. Ave. N.W.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 6980

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

15 of October

4. Place of Birth, (Street and Number)

Baltimore 531 Sunnail St

5. Full Name of Mother,

Mary Ann Turnes

6. Mother's Maiden Name,

Mary Ann Tilman

7. Mother's Birthplace,

Bedford Pennsylvania

8. Full Name of Father,

Ferdinand Turnes

9. Father's Occupation,

Whites

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Celestial Cook

Address,

1008 Shields City

Remarks,

ISSUED TO THE FREE OF AGE - CONTAINS NO CHANGES OF SEX OR RACE. IN THE REGISTRY AN OTHER THIS AND WITHIN THE YEAR 1880.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 6481*
1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *October 15th 1888*
 4. Place of Birth, (Street and Number) *506 Allemarke st.*
 5. Full Name of Mother, *Mary Birsome*
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, *Europe*
 8. Full Name of Father, *Daniel Birsome*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. C. Bernstein*
- Address, *122 S. Exeter St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 6982
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 15 / 88
4. Place of Birth, (Street and Number) 333 Lombard street.
5. Full Name of Mother, Louisa Baumbach
6. Mother's Maiden Name, Louisa Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Charles Baumbach
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Hesse-Cassel - Germany
- Name of Medical Attendant, or other Person who makes this Return, M. H. Coats
- Address, 1807 W. Baltimore
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.* *A. 6483*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *October 16th 1878*

4. Place of Birth, (Street and Number) *209 Burt St.*

5. Full Name of Mother, *Nettie Gerlach*

6. Mother's Maiden Name, *E. St.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lew. Gerlach*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Wm. V. Burt*

Address, *1245 E. Monument St. cor Central av.*

Remarks, *All Well*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d 6984

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 16 1888

4. Place of Birth, (Street and Number) 1016 Clifton place

5. Full Name of Mother, Ann B Jenkins

6. Mother's Maiden Name, Ann Burgh

7. Mother's Birthplace, Balt

8. Full Name of Father, Frank X. Jenkins

9. Father's Occupation, Solicitor

10. Father's Birthplace, Balt

Name of Medical Attendant, A. A. Keiser
or other Person who makes this Return.

Address, Office 311 on Charles St

Remarks,

For each office to be recovered as other dues and forfeitures are payable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 5985

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 16, 1888

4. Place of Birth, (Street and Number)

1416 Myrtle Avenue

5. Full Name of Mother,

Jessie Fredrick

6. Mother's Maiden Name,

Graham

7. Mother's Birthplace,

Cecil County, Md

8. Full Name of Father,

Henry W. Fredrick

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Cecil County, Md

Name of Medical Attendant, or other person who makes this Return.

Marston Brewer, M.D.

Address,

1106 W. Cass St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *girls 1 boys 2* ~~2~~ *5486*

1. Sex, (State whether male or female) *a boy*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *October 17*

4. Place of Birth, (Street and Number) *Genney St. 1113 Baltimore*

5. Full Name of Mother, *Lena Gasche Klie*

6. Mother's Maiden Name, *Lena Gasche*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Klie*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this return. *Miss C. Liersemauer Midw*

Address, *Hoore Street 1225*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A. 6987

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 17 - 1888

4. Place of Birth, (Street and Number)

100 E. Central Ave.

5. Full Name of Mother,

Maggi Westkamp

6. Mother's Maiden Name,

McPhillips

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick H. Westkamp

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophie Elisabeth Winters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

A. 6988

1. Sex, (State whether ~~male~~ or female) _____
2. Race or color, (if not of the white race) _____
3. Date of Birth, *17 October 1888*
4. Place of Birth, (Street and Number) *937 Howard street*
5. Full Name of Mother, *Anna Maria Winters*
6. Mother's Maiden Name, *Nickel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard Winters*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Lathrena Munch*

Address, *800 Leadenhall St.*

Remarks, **GIVER NAME ADDED** *9-29-53*

10557

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A. 69 89

1. Sex, (state whether male or female)---

Male

2. Race or color, (if not of the white race)---

White

3. Date of Birth,-----

October the 17 / 1889

4. Place of Birth, (Street and Number)---

632 Schuyler Ave

5. Full Name of Mother,-----

Hattie E. M. M. M.

6. Mother's Maiden Name,-----

Hattie E. M. M. M.

7. Mother's Birthplace,-----

Commersall Co. Md.

8. Full Name of Father,-----

E. D. Muddy

9. Father's Occupation,-----

Farmer

10. Father's Birthplace,-----

Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return

W. E. Dumas

Address,-----

No 1927 W. Lombard St

Remarks,-----

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13rd A 6990

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 17th 1888
4. Place of Birth, (Street and Number) Cor. Pearl & Mulberry sts.
5. Full Name of Mother, Dora Baer
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Charlie Baer
9. Father's Occupation, Labourer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Euter St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A. 6991

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Oct 6 . 17 . 88

Place of Birth, (Street and Number)

640 German Str.

Full Name of Mother,

Jennie

Mother's Maiden Name,

Wilensky

Mother's Birthplace,

Full Name of Father,

Alexander Cohen

Father's Occupation,

German
Clothes

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Germany
Hellerstein M.D.
919 Madison Ave

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A 6992

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth.

Oct. 17th 1888

4. Place of Birth, (Street and Number)

Bethel St.

5. Full Name of Mother,

Lida Harris

6. Mother's Maiden Name.

Boyer.

7. Mother's Birthplace.

Balt.

8. Full Name of Father.

Richard Harris

9. Father's Occupation.

Coachman.

10. Father's Birthplace.

Balt.

Name of Medical Attendant, or other person who makes this Return.

Mrs. S. M. Jones

Address,

1329 16th St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

A 6993

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

3. Date of Birth,

17 April

4. Place of Birth, (Street and Number)

1445

Hubert st

5. Full Name of Mother,

Mary Ann Dietrich

6. Mother's Maiden Name,

Leinisch

7. Mother's Birthplace,

Balt. city

8. Full Name of Father,

Charles Dietrich

9. Father's Occupation,

laborer

10. Father's Birthplace,

Balt. city

Name of Medical Attendant, or other person who makes this Return.

John Wilson

Address,

1149 E. Coe st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

Δ: 6974

1. Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

18. th October.

4. Place of Birth, (Street and Number)

Boston Street No. 3040.

5. Full Name of Mother.

Anna Plear

6. Mother's Maiden Name,

Anna Saworski

7. Mother's Birthplace,

Deutschland

8. Full Name of Father.

Franz Plear.

9. Father's Occupation,

Leber.

10. Father's Birthplace,

Deutschland.

Name of Medical Attendant, or other person who makes this Return.

Miss P. Liermann M.D.

Address,

Yare Street 1225.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 6995
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct. 18th 1888
4. Place of Birth, (Street and Number) 253 S. Exeter st.
5. Full Name of Mother Rachel Weiner
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Willen Weiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein
- Address, 122 S. Exeter st.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 A 6995

1. Sex, (state whether male or female).

Female

2. Race or color, (if not of the white race).

3. Date of Birth,

Oct 19/88

4. Place of Birth, (Street and Number)

N^o 2235 Mc Elderrey St

5. Full Name of Mother,

Klara Hollin

6. Mother's Maiden Name,

Bischof

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hollin

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 ^A 6997

☒ Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 18/88

4. Place of Birth, (Street and Number)

W^o 2014 Bank St.

5. Full Name of Mother,

Minnie Baity

6. Mother's Maiden Name,

Aprendt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Baity

9. Father's Occupation,

Carpenter

☒ Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

W^o 405 S. Washington St.

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 6998

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 18

1888

4. Place of Birth, (Street and Number)

735 N. Franklin

5. Full Name of Mother,

Mrs John Stansbury

6. Mother's Maiden Name,

Miss Kate Pumphrey

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

John Stansbury

9. Father's Occupation,

Unknown

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who make this Return.

Dr W. Lee

Address,

1047 N. Eutaw St

Remarks,

Baltimore

Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* A 6999
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race)
3. Date of Birth, *Oct 19 1888*
4. Place of Birth, (Street and Number) *527 St. Caroline St.*
5. Full Name of Mother, *Wilhelmine Albertine Sophie Liebel*
6. Mother's Maiden Name, *Mallon*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Adolph Rudolph Wilhelm Liebel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
- Address, *1427 E Pratt St*
- Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A-701
1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 19/88
4. Place of Birth (Street and Number), 2000 Druid Hill Ave
5. Full Name of Mother, Mrs. Kate Tennant
6. Mother's Maiden Name, " Shea
7. Mother's Birthplace, Ind
8. Full Name of Father, Edw Tennant
9. Father's Occupation, Hats & Grocery Business
10. Father's Birthplace, Ind
- Name of Medical Attendant, or other person who makes this Return. T C Worthington M D
- Address, 840 W Bayview Pl.
- Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

7012

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth, Oct. 19th 1888

4. Place of Birth, (Street and Number)

508 President st.

5. Full Name of Mother,

Kate Perea

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father,

Frank Perea

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return.

Mrs. C. Bernstein

Address, 122 E. Euter st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

12,7003

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 20 '88

4. Place of Birth, (Street and Number)

573 Dolphin

5. Full Name of Mother,

Mary Gill

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

US

8. Full Name of Father,

Geo E Gill

9. Father's Occupation,

Printer

10. Father's Birthplace,

US

Name of Medical Attendant,

or other Person who makes this Return

Henry Chandler M.D.

Address,

1019 Linden

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

A. 7004

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Oct. 20th 1888

4. Place of Birth, (Street and Number)

E. Lombard st.

5. Full Name of Mother, Sarah Rosenthal

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Samuel Rosenthal

9. Father's Occupation, Sailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs. C. Bernstein

Address, 122 S. Euter st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First A. 7006
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Oct 20th 1888

4. Place of Birth, (Street and Number)

866 N. Lombard

5. Full Name of Mother.

Mary Miller Taylor

6. Mother's Maiden Name.

Mary Miller Brown

7. Mother's Birthplace,

Charlottesville, N. Va.

8. Full Name of Father,

Samuel Thompson Taylor

9. Father's Occupation,

Painter

10. Father's Birthplace,

Charlottesville, N. Va.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Jacobach

Address,

735 N. Pratt

Remarks,

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child A 7006
 1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race). White
 3. Date of Birth, October 20, 1888
 4. Place of Birth. (Street and Number) William St. 12 22
 5. Full Name of Mother, Harry Livingston
 6. Mother's Maiden Name, Harry Livingston Stranger
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Harry Howard Livingston
 9. Father's Occupation, Carnian
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return. M. R. Caskey
 Address, 212 E. Heath St.
 Remarks, Doing Well

Fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

7007
Male
White
21st of October 1888
Baltimore Spring St 1414
Phanna J. Houffe
Phanna Roche
Co. Limerick Ireland
James J. Houffe
Sawyer
Co. Limerick Ireland
Mrs. Sebach
735 W. Pratt Street

Refused to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A. 7009*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *22 of October*
4. Place of Birth, (Street and Number) *674 Chestnut Alley*
5. Full Name of Mother, *Lennie Moody*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Easton Shore Md.*
8. Full Name of Father, *John Bradford*
9. Father's Occupation, *Cookman*
10. Father's Birthplace, *Howard County Md.*
- Name of Medical Attendant, or other person who makes this Return. *Celestial Cook*
- Address, *100 & Shields Alley*
- Remarks,

Any such person as persons who shall neglect to file this return shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

A 7010

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 22 / 88

4. Place of Birth, (Street and Number)

241 Biddle St

5. Full Name of Mother,

Mary Brinan

6. Mother's Maiden Name,

" Frank

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Carl Brinan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

M. A. Bull

Address, 1245 Monument St 4 Central av.

Remarks, All Well

GIVEN NAME ADDED 3-10-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Hilda Schnappinger* *Third* *A 7011*
No. of Child of Mother, (state whether 1st, 2d, 3d, 4th)
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race)
3. Date of Birth, *October Monday, 22d*
4. Place of Birth, (Street and Number) *926 Goodenball Street*
5. Full Name of Mother, *Maggie Schnappinger*
6. Mother's Maiden Name, *Maggie Gischel*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Charles Frederick Schnappinger*
9. Father's Occupation, *Composer*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Bogan Bosien*
Address, *927 Sharp Street*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Kind 9th 7012*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *28 October 1888.*
 Place of Birth, (Street and Number) *1123 Ething Street*
 Full Name of Mother, *Mrs. Sophia Henderson*
 Mother's Maiden Name, *Mrs. Skeroff*
 Mother's Birthplace, *Scotland*
 Full Name of Father, *Samuel Henderson*
 Father's Occupation, *Book keeper*
 Father's Birthplace, *Do. Scotland*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Mearns*
 Address, *1507 Pennsylvania Ave*
 Remarks,

Printed to the line of ten and down for each entry, to be recovered as other bills and receipts are recoverable.

Section shall be subject to the same penalties as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

347018

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 23/88

4. Place of Birth, (Street and Number)

No 223 S. Castle St.

5. Full Name of Mother,

Mary Schultzeis
Cook

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Schultzeis
Cabinet Maker

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louis Kraft

Address,

No 403 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A 7014

1. Sex, (State whether male or female) Boy

2. Race or color, (if not of the white race)

3. Date of Birth, 23 May 1895

4. Place of Birth, (Street and Number) Yare Street 1249

5. Full Name of Mother, Jadwiga Radeitshak

6. Mother's Maiden Name, Jadwiga Karnowski

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Mark Radeitshak

9. Father's Occupation, Leber

10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other person who makes this Return, Miss P. Lierseman

Address, Yare Street 1225

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A 7015

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 23 1888

4. Place of Birth, (Street and Number)

518 S. Chappel St.

5. Full Name of Mother,

Minnie Baeges

6. Mother's Maiden Name,

Schoenick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friedrich Baeges

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Thier

Address,

1427 E. Pratt St.

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A 7015

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 23 1888

4. Place of Birth, (Street and Number)

518 S. Chappel St.

5. Full Name of Mother,

Minnie Baeges

6. Mother's Maiden Name,

Phoenix

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friedrich Baeges

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mary Shinn

Address,

1427 E. Pratt St.

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d. A 7010

1. Sex (state whether male or female),

Male,

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

October 23^d 1888,

4. Place of Birth (Street and Number),

923 Franklin St.

5. Full Name of Mother,

Sarah E. Milliar,

6. Mother's Maiden Name,

Sarah E. Jones,

7. Mother's Birthplace,

Carroll Co., Md.

8. Full Name of Father,

John A. Milliar,

9. Father's Occupation,

Furniture Dealer

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

John A. Cunningham, M.D.

Address,

804 Abingdon Ave

Remarks,

who shall hereafter fail to comply with the provisions of this Act, shall be liable to a fine of not more than \$100 for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 7017
 1. Sex, (state whether male or female) white girl
 2. Race or color, (if not of the white race) _____
 3. Date of Birth, October 29th 1888
 4. Place of Birth, (Street and Number) Baltimore Fremont No 1010
 5. Full Name of Mother, Mary Muster
 6. Mother's Maiden Name, Mary Fisher
 7. Mother's Birthplace, West Caroline
 8. Full Name of Father, James Muster
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Latharine Mitchell
 Address, No 112 Hollander Street
 Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A. 7018*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *Oct. 24-88.*
 Place of Birth, (Street and Number) *432 Hickory Ave.*
 Full Name of Mother, *Mary Wister*
 Mother's Maiden Name, *Mary Wiss*
 Mother's Birthplace, *Maryland*
 Full Name of Father, *William Wister*
 Father's Occupation, *Stone mason.*
 Father's Birthplace, *Maryland.*
 Name of Medical Attendant, or other person who made the Return, *Chas. H. Mitchell M.D.*
 Address, *304 6th Avenue P.O.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* *A. 7014*
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Oct. 24, 1888*
 4. Place of Birth, (Street and Number) *Light St. 1939*
 5. Full Name of Mother, *Ella Peters*
 6. Mother's Maiden Name, *Ella Burk*
 7. Mother's Birthplace, *M. D.*
 8. Full Name of Father, *William Peters*
 9. Father's Occupation, *Conductor*
 10. Father's Birthplace, *M. D.*
 Name of Medical Attendant, or other person who makes this Return, *M. R. Caskey*
 Address, *213 E. Healy Street*
 Remarks, *Dying Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A. 7020

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 24 88

4. Place of Birth, (Street and Number)

526 T. Sharp St
Essex

5. Full Name of Mother,

6. Mother's Maiden Name,

Syrenfurth.

7. Mother's Birthplace,

8. Full Name of Father.

Samuel Friedlander Ballt^e

9. Father's Occupation,

10. Father's Birthplace,

Albany

Name of Medical Attendant, or other Person who makes this Return

Address,

Balt^e
Retirawitz m.d.
949 Madison Ave.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

7021

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Oct. 24th, 1888.

4. Place of Birth, (Street and Number)

329 Delwood Ave.

5. Full Name of Mother,

Sarah E. Johnson.

6. Mother's Maiden Name,

Sarah E. Smith.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

William C. Johnson.

9. Father's Occupation,

Recluse.

10. Father's Birthplace,

Penn.

Name of Medical Attendant, or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

Box 6, Hampton P.O.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

6th

A 7022

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 25 1888

4. Place of Birth, (Street and Number)

W. W. W. St.

5. Full Name of Mother,

Elizabeth M. Jordan

6. Mother's Maiden Name,

" " Willey

7. Mother's Birthplace,

Richd. M. Jordan

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Thos. Drake M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth 5 4 A 7023*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race). *White*
 Date of Birth, *October 24 1888*
 Place of Birth, (Street and Number) *722 Baker Street*
 Full Name of Mother, *Bridget Meyer*
 Mother's Maiden Name, *Bridget White*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Joseph Meyer*
 Father's Occupation, *Shoe Repair*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. J. M. Mendenhall*
 Address, *1507 Pennsylvania Ave.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A 7024

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

October 24 - 88

4. Place of Birth, (Street and Number)

256 W. 4th St.

5. Full Name of Mother,

Paulina Cooper

6. Mother's Maiden Name,

Lastname

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Cooper

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. E. M. Myers, M.D.

Address,

4 So. Euter St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name: *Susie Elizabeth* *4th* Child *A. 7020*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 24th 1888*
4. Place of Birth, (Street and Number) *S. Dallas St No 245*
5. Full Name of Mother, *Josephine Tager*
6. Mother's Maiden Name, *Josephine Schlereth*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *George Tager*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St No 114*

Remarks, _____

GIVEN NAME ADDED 12-3-53

h.m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 7026

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Oct 24 / 88

4. Place of Birth, (Street and Number)

W^o 2034 Eastern Ave

5. Full Name of Mother,

Kate Meyer

6. Mother's Maiden Name,

Pausch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Meyer

9. Father's Occupation,

Bookster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

W^o 2405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child A. 7027*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Oct 24/88*
4. Place of Birth (Street and Number), *Baltimore University Hospital*
5. Full Name of Mother, *Mary Jones*
6. Mother's Maiden Name, *Jones*
7. Mother's Birthplace, *MD*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return. *Arthur A. Hoopsman M.D.*
- Address, *Baltimore University Hospital 276-29 Bond St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 7028
 1. Sex, (state whether male or female) white girl
 2. Race or color, (if not of the white race) Baltimore
 3. Date of Birth, October 25th 1888
 4. Place of Birth, (Street and Number) Lemmon street 1027
 5. Full Name of Mother, Mary Rine
 6. Mother's Maiden Name, Mary Karney
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Michel Rine
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell
 Address, No 112 Callender street
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

A. 7029

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct 25-11

4. Place of Birth, (Street and Number)

411 New-street

5. Full Name of Mother,

Henrietta Grady

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Frederick City

8. Full Name of Father,

Robert Grady

9. Father's Occupation,

Cook

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Dr. Anna Johnson

Address,

710 Tj. son street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

A 7030

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct 25 - 04

4. Place of Birth, (Street and Number)

1513 Foster celly

5. Full Name of Mother,

Sarah Leander

6. Mother's Maiden Name,

Leone

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Joseph Leander

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, (or other person who makes this Return)

Mrs. Annie Johnson

Address,

710 Tyson street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A 7131

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Oct 27 18

4. Place of Birth, (Street and Number)

1126 Bernard st

5. Full Name of Mother,

Louise Smith

6. Mother's Maiden Name,

..... Jones

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Daniel A Smith

9. Father's Occupation,

Locker

10. Father's Birthplace,

South Carolina

Name of Medical Attendant, or other person who makes this Return.

Mrs Anne Johnson

Address,

701 Tyson st

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th* *A. 7032*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balt. Oct. 27th - 1888*

4. Place of Birth, (Street and Number) *Baltimore 311 Caroline St*

5. Full Name of Mother, *Mary Gerbin*

6. Mother's Maiden Name, *Mary Halz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Gerbin*

9. Father's Occupation, *Police Officer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. L. Bedford*

Address, *1503 Orleans St*

Remarks,

as persons who are not recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A. 7033

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct 27th

4. Place of Birth, (Street and Number)

1224 Glatfelter St

5. Full Name of Mother,

Bridget Lafferty

6. Mother's Maiden Name,

" Sharkey

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Lafferty

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Grooms

Address,

940 A. Gay St

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *7034*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Oct 27/88*

4. Place of Birth (Street and Number), *75-2 W. Franklin*

5. Full Name of Mother, *Mrs. Lda. E. Schofield*

6. Mother's Maiden Name, *" " Pauner*

7. Mother's Birthplace, *Balto. and*

8. Full Name of Father, *Geo. E. Schofield*

9. Father's Occupation, *Jeweler*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return. *T. C. Worthington*

Address, *840 W. Fayette St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *7135*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *27 Oct*

4. Place of Birth, (Street and Number) *811 1/2 Central Ave.*

5. Full Name of Mother, *Elizabeth Keagle*

6. Mother's Maiden Name, *" Sanderslager*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Frederick Keagle*

9. Father's Occupation, *Picker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Groom*

Address, *240 N. Gay St*

Remarks,

Recorded to the true and correct copy of this Return for each offence, to be recovered on other forms and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c) 7th A. 7636

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct 28th

4. Place of Birth, (Street and Number) 1420 McElderry st

5. Full Name of Mother, Elizabeth Grant

6. Mother's Maiden Name, " Merritt

7. Mother's Birthplace, Balto

8. Full Name of Father, Michael Grant

9. Father's Occupation, Painter

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Dr. Julia Groome

Address, 441 W. Gay st

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

A. 7137

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 28/88

4. Place of Birth, (Street and Number)

235 Gay St.

5. Full Name of Mother,

Sarah Solomon

6. Mother's Maiden Name,

Bernstein

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Jacob Solomon

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt

Address, 1245 Monument St. cor Central av

Remarks, All Well

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *A⁴ 1st* *A. 7638*
1. Sex (state whether Male or Female) *white* *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *28 Oct -*
4. Place of Birth (Street and Number) *2241 E. Fayette St*
5. Full Name of Mother *Annie L. Gephhardt*
6. Mother's Maiden Name *Conner*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Richard B. L. Gephhardt*
9. Father's Occupation *Ship Smith*
10. Father's Birthplace *Balt.*
Name of Medical Attendant, or other Person who makes this Return. *J. J. Gropf M.D.*
Address *1435 Union St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd A. 7039
 1. *Sex, (state whether male or female)* Male
 2. *Race or color, (if not of the white race)* White
 3. *Date of Birth,* 29 Oct
 4. *Place of Birth, (Street and Number)* 2181 Harford Road
 5. *Full Name of Mother,* Elizabeth Whitfield
 6. *Mother's Maiden Name,* " Bishop
 7. *Mother's Birthplace,* Balto
 8. *Full Name of Father,* John Whitfield
 9. *Father's Occupation,* Potter
 10. *Father's Birthplace,* Balto
Name of Medical Attendant, or other person who makes this Return. Mrs. Julia Croomy
Address, 940 N. Gay St
Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

A. 7010

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 29th 1888

4. Place of Birth, (Street and Number)

Baltimore Ramsey Street

5. Full Name of Mother,

Carrie Leonard

6. Mother's Maiden Name,

Carrie Hull

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Leonard

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Catharine Mitchell

Address,

No. 112 Calender Street

Remarks,

M. I.

jected to the line of ten for blanks for use of name. To be returned as blank with all documents are received.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 7041
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 29. 1886.
4. Place of Birth, (Street and Number) 613 Columbia Ave
5. Full Name of Mother Gemma Marquis
6. Mother's Maiden Name Gemma Dickson
7. Mother's Birthplace Baltimore City
8. Full Name of Father William F. Marquis
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Z. R. Wiley M.D.
- Address 724 W. Carey St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 30th 88

4. Place of Birth, (Street and Number) 854 1/2 W. Lombard St.

5. Full Name of Mother, Mattie Thornton

6. Mother's Maiden Name, " Kidd

7. Mother's Birthplace, Pa

8. Full Name of Father, Julius Thornton

9. Father's Occupation, Merchant (General)

10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return J. M. Hendley

Address, 100 E. 9th Street

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother of three 7043*

Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *Col.*

3. Date of Birth, *30 of octo*

4. Place of Birth, (Street and Number) *714 harmony lane*

5. Full Name of Mother, *Stella West Robison*

6. Mother's Maiden Name, *Stella West*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William Robison*

9. Father's Occupation, *ass't Schucker*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *had none*

Address, *Mild Wife Harrell Butcher*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A 7044

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 30th 1888

4. Place of Birth, (Street and Number)

Charl. St. 444

5. Full Name of Mother,

Laura Wilson

6. Mother's Maiden Name,

Laura Hickins

7. Mother's Birthplace,

Eastern Shore District County Md.

8. Full Name of Father,

William H. Wilson

9. Father's Occupation,

Driver Truck

10. Father's Birthplace,

Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Wm. L. H. Smith 1516 Voluntary St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female
White

A 7245

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race).....

3. Date of Birth,

October 30th 1888

4. Place of Birth, (Street and Number)

for Ches & Dallas Sts

5. Full Name of Mother,

Sarah Jane Smith

6. Mother's Maiden Name,

Pinkston

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. Smith

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

J. H. Holder M. D.

Address,

1st for Caroline Lager Sts

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A. 7046

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 31 - 88

4. Place of Birth (Street and Number)

1540 N Carey

5. Full Name of Mother

Mary Jane Gruber

6. Mother's Maiden Name

Mary Jane Peat.

7. Mother's Birthplace

Jamaica N. Y.

8. Full Name of Father

Edmund Charles Gruber

9. Father's Occupation

Clerk

10. Father's Birthplace

Jamaica N. Y.

Name of Medical Attendant, or other Person who makes this Return.

H. Boyd Ayler M.D.
619 N Calhoun St.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth four heads 7/11/17*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Col*
3. Date of Birth, *Section of Octo*
4. Place of Birth, (Street and Number) *Baltic Wharves along No 107*
5. Full Name of Mother, *Stella Peter for Queen*
6. Mother's Maiden Name, *Stella Johnson*
7. Mother's Birthplace, *Charles County*
8. Full Name of Father, *read Queen*
9. Father's Occupation, *Wailer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *read none*
- Address, *1114 W. 1st Street Baltimore*
- Remarks, *No 935 Harrison Ave*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A 7648*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *October 3rd 1888*
4. Place of Birth, (Street and Number) *1029 W. Lombard Ave*
5. Full Name of Mother, *Margaret Staab Bokel*
6. Mother's Maiden Name, *Staab*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Bokel*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *J. W. Seldner M.D.*
- Address, *1601 N. Caroline St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

English

A. 7049

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 1st, 1888

4. Place of Birth, (Street and Number)

406 E. Monument St.

5. Full Name of Mother,

Thelma Zisch

6. Mother's Maiden Name,

Zamell

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Edward Zisch

9. Father's Occupation,

Knicker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

S. H. Boldner M. D.

Address,

S. O. Fox Caroline Stager St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child* *7050*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *7 October*
4. Place of Birth, (Street and Number) *402 State Street*
5. Full Name of Mother, *Annette J. Hill*
6. Mother's Maiden Name, *Annette Oldham*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harvey Hill*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Celestial Cook*
- Address, *1009 Shields Alley*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child 7057*
1. Sex: (State whether male or female) *Boy*
 2. Race or color, (if not of the white race) *Color*
 3. Date of Birth, *7 October*
 4. Place of Birth, (Street and Number) *1031 Millamore Alley*
 5. Full Name of Mother, *Sarah Gant*
 6. Mother's Maiden Name, *Baltimore*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Sam Patton*
 9. Father's Occupation, *he is a Laborer*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Celestial Bryant*
- Address, *1 100 Shields Street*
- Remarks, _____

any such person as is required by law to file this Return, who neglects to do so, or who files a false Return, shall be liable to a fine of ten dollars for each offence, to be recovered at other times and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First-* *A. 7052*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *October 9th. 88. 1.15 P.M.*
4. Place of Birth, (Street and Number) *1301. St. Eden St.*
5. Full Name of Mother, *Maggie Smith Simpson*
6. Mother's Maiden Name, *nee Smith*
7. Mother's Birthplace, *Frederick. Md.*
8. Full Name of Father, *Thomas A. Simpson*
- Father's Occupation, *Storekeeper*
10. Father's Birthplace, *Frederick. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Emil T. Allen Md.*
- Address, *1444 Kenford Ave.*
- Remarks, *Presentation. Breech. Position. Left dors anterior.*
Battered Placenta to

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

7053

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 10th 1888

4. Place of Birth, (Street and Number)

897 N. Howard St.

5. Full Name of Mother,

Mary E. Münschauer
Chile

6. Mother's Maiden Name,

Balts

7. Mother's Birthplace,

Philip Münschauer

8. Full Name of Father,

Merchant

9. Father's Occupation,

Germany

10. Father's Birthplace,

St. W. Soldner M. D.

Name of Medical Attendant, or other person who makes this Return.

Address, I E. for Caroline Karger Sta.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 7054*

1. Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *Celane*

3. Date of Birth, *Oct 10th*

4. Place of Birth, (Street and Number) *1732 Welton St*

5. Full Name of Mother, *Edmund's Hall*

6. Mother's Maiden Name, *''''''*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Richard Richardson*

9. Father's Occupation, *Labr*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return *Mrs Annie Johnson*

Address, *710 Tyson St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 7055

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) Colored

3. Date of Birth, Oct 14th

4. Place of Birth, (Street and Number) 931 Pierce St

5. Full Name of Mother, Mary Burke

6. Mother's Maiden Name, Holland

7. Mother's Birthplace, Howard County

8. Full Name of Father, Benjamin Burke

9. Father's Occupation, Waiter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Johnson

Address, 710 S. Green St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 7055*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *October 14/88.*
4. Place of Birth, (Street and Number) *1009 N. Avenue St.*
5. Full Name of Mother, *Mathewine Parr*
6. Mother's Maiden Name, *Chesny*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Parr,*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Dr. S. H. Seldner M.D.*
- Address, *1009 N. Avenue St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

7057

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth,

October 20th 1888

4. Place of Birth, (Street and Number)

78 Harford Road

5. Full Name of Mother,

Marguerite Smittle

6. Mother's Maiden Name,

Dimmeling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew H. Smittle

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

S. H. Selders M.D.

Address,

1000 for Caroline Lager Sta

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any other person who registers a child, but after ten days, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7058

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 20, 1888

4. Place of Birth, (Street and Number)

432 Euston St.

5. Full Name of Mother,

Mary. Esler. Weiss

6. Mother's Maiden Name,

Mary. Esler.

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

Wm. L. Weiss

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Maryland.

Name of Medical Attendant, or other person who makes this Return.

J. H. H. H. H.

Address,

309 N Euston St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 7059

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Oct. 20/88

4. Place of Birth (Street and Number),

1036 N. Strickland St

5. Full Name of Mother,

Laura J. Coyne

6. Mother's Maiden Name,

" " Hiltzsch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John J. Coyne

● Father's Occupation,

Salesman

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Ernest P. M. D. M. D. M. D.

Address,

208 N. Strickland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A

7060

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

20 October

Place of Birth (Street and Number),

1816 E Lombard St

Full Name of Mother,

Mary Stinger

4. Mother's Maiden Name,

Mary Dominick

5. Mother's Birthplace,

Baltimore Md

6. Full Name of Father,

John Stinger

7. Father's Occupation,

Broommaker

8. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Johanna Raubach

Address,

115 South Wiffe st

Remarks,

BALTIMORE, MD.
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - *Elias*
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Jr. A 7061
Male

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),

3. Date of Birth,

Oct. 21/1888

4. Place of Birth (Street and Number),

841 N. Gay St

5. Full Name of Mother,

Amelia Bensch

6. Mother's Maiden Name,

Stochman

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Moritz - Bensch.

9. Father's Occupation,

Wine Merchant & Store Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Edward J. McDevine

Address,

208 Aris street

Remarks,

OTHER CASE ADDED 4-10-53

L. M.

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th A. 7082

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Oct. 22/88

4. Place of Birth (Street and Number),

628 E. Balto. St.

5. Full Name of Mother,

Carin Mues

6. Mother's Maiden Name,

" 2 Ten

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Jacob Mues.

Father's Occupation,

Clothing & Quilt furnishing

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Edward J. M. M. M.

Address,

2nd Ave. N. E.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

A. 7063

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

26 October

4. Place of Birth (Street and Number),

1713 E Lancaster st

5. Full Name of Mother,

Theresa Wilgert

6. Mother's Maiden Name,

Theresa Berst

7. Mother's Birthplace,

Bayern

8. Full Name of Father,

Martin Berst

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Bayern

Name of Medical Attendant, or other person who makes this Return.

Johanna Kaulbach

Address,

115 South Wolfe st

Remarks,

for each offence, to be recovered as other fines and forfeitures.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

A. 7064

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 26 October

4. Place of Birth (Street and Number), 123 South Wolfe St

5. Full Name of Mother, Margerith Smith

6. Mother's Maiden Name, Margerith Dufka

7. Mother's Birthplace, Bayern

8. Full Name of Father, Henry Smith

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Hesse Germany

Name of Medical Attendant, or other person who makes this Return, Johanna Braubach

Address, 115 South Wolfe St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

the Commissioner of Health, in the manner and within the period above required, and any such return or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th* *7005*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *26 October*

4. Place of Birth (Street and Number), *217 South Durham St*

5. Full Name of Mother, *Sue Kline Young*

6. Mother's Maiden Name, *Sue Kline*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Young Taylor*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Bovern*

Name of Medical Attendant, or other person who makes this Return, *Johanna Baubach*

Address, *115 South Wolfe st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 7166*
1. Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *white*
3. Date of Birth, *27 October*
4. Place of Birth (Street and Number), *125 S Wolfe st*
5. Full Name of Mother, *Kate Schuly*
6. Mother's Maiden Name, *Kate Hossner*
7. Mother's Birthplace, *H Lormsloft*
8. Full Name of Father, *Henry Schuly*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Prusin*
- Name of Medical Attendant, or other person who make this Return, *Johanna Baulach*
- Address, *115 South Wolfe st*
- Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A 7c 17

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 27/88

4. Place of Birth, (Street and Number)

218 Clifton St

5. Full Name of Mother,

Martha E. Close

6. Mother's Maiden Name,

" " Downes

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Robert J. Close

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

James H. Jones M.D.

Address,

833 Edmondson Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A 7068

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 28/88

4. Place of Birth, (Street and Number)

1300 Hollins St

5. Full Name of Mother,

Laura Roberts

6. Mother's Maiden Name,

Reus

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Daniel J. Roberts

9. Father's Occupation,

clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Gas. W. Gibbons M.D.

Address,

833 Edmondson ave

Remarks,

Report its birth to the Commissioner of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (\$10) dollars for each offence so be recovered as other laws and for all other purposes.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

☒ Sex (state whether male or female),

Male

Race or Color (if not of the white race),

White

3. Date of Birth,

29th October

4. Place of Birth (Street and Number),

1524 Lombard st

5. Full Name of Mother,

Anna Trobst

6. Mother's Maiden Name,

Anna Kohn

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas Trobst

9. Father's Occupation,

Cigar Maker

☒ Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Anna Rauloch

Address,

115 South Wolfe st Baltimore Md

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1
Male

A-7070

2. Sex, (state whether male or female)

White

3. Race or color, (if not of the white race)

Oct 29/88

4. Date of Birth

5. Place of Birth, (Street and Number)

1234 D.W. Ave

6. Full Name of Father,

Eliz. C. Nicodemus

7. Mother's Maiden Name,

Gareckson

8. Mother's Birthplace,

Balto

9. Full Name of Father,

John J. Nicodemus

10. Father's Occupation,

Commission Merchant

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Thomas O'Neil M.D.

Address,

600 N Howard St

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 7071

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct. 30th - 88.

4. Place of Birth, (Street and Number) 1411 Mad. Ave.

5. Full Name of Mother, Mary Adther

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Morris Adler

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Thomas O'Connell M.D.

Address, 600 N. Howard

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A. 7072*

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Black

3. Date of Birth,

Oct. 30th - 1888.

4. Place of Birth (Street and Number),

No. 3 Henrietta

5. Full Name of Mother,

Francis Sanders col.

6. Mother's Maiden Name,

Francis Sanders

7. Mother's Birthplace,

Born in Maryland

8. Full Name of Father,

Doit Know

9. Father's Occupation,

Doit. Know

● Father's Birthplace,

Doit. Know

Name of Medical Attendant, or other person who makes this Return.

J. B. Hart M.D.

Address,

1137 York Road

Remarks,

for each child, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd 73

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Oct 9/88.

4. Place of Birth (Street and Number),

1011 Mount Place

5. Full Name of Mother,

Lizzie Mitchell

6. Mother's Maiden Name,

Callahan

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

William D. Mitchell

9. Father's Occupation,

Linier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Edward F. M. Driscoll

Address,

208 Aris street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7074

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Oct 10/88.

5. Place of Birth, (Street and Number)

210 N Spitzer St.

6. Full Name of Mother,

Annie Rosenfield,

7. Mother's Maiden Name,

Annie Mozilovsky.

8. Mother's Birthplace,

German

9. Full Name of Father,

J. Rosenfield.

10. Father's Occupation,

Tailor.

11. Father's Birthplace,

German

Name of Medical Attendant, or other person who makes this Return.

J. H. L. L. L. L.

Address,

305 N Spitzer St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

P. 7075

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Oct 11th 1888

4. Place of Birth (Street and Number),

1716 W. Lamvale St.

5. Full Name of Mother,

Ida E. Ritter

6. Mother's Maiden Name,

Heckesser

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Luther A. Ritter

9. Father's Occupation,

Driver

● 10. Father's Birthplace,

Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return.

E. M. Free M.D.

Address,

602 N. Carey St

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

GK

A. 7070

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 13/88

4. Place of Birth, (Street and Number)

210 N. Epton St.

5. Full Name of Mother,

Rachel Levison

6. Mother's Maiden Name,

Rachel Mozulsky

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Nathan Levison

9. Father's Occupation,

Merchant

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Williams

Address,

309 N. Epton St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A-7077*
 1. Sex (state whether male or female), *male*
 2. Race or Color (if not of the white race), *white*
 3. Date of Birth, *15 October*
 4. Place of Birth (Street and Number), *707 Myron st*
 5. Full Name of Mother, *Margareth Krimmerly*
 6. Mother's Maiden Name, *Margareth Libert*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Friederich Krimmerly*
 9. Father's Occupation, *clayton*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return. *Johanna Raubach*
 Address, *115 South Wolfe st*
 Remarks,

who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, and to imprisonment for each offence, to be recovered as other fines and forfeitures are.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

October 16, 1888,

5. Place of Birth, (Street and Number)

543 N Gay St.

6. Full Name of Mother,

Sarah. Apenheimer

7. Mother's Maiden Name,

Sarah. Blum.

8. Mother's Birthplace,

Balto City.

9. Full Name of Father,

Nathan Apenheimer.

10. Father's Occupation,

Merchant.

11. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

William

Address,

389 N Epton St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7279

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Oct 17th 1888

4. Place of Birth (Street and Number),

1034 N. Mount St

5. Full Name of Mother,

Emma Coale

6. Mother's Maiden Name,

Hintz

7. Mother's Birthplace,

Balt Co Md

8. Full Name of Father,

James M. Coale

9. Father's Occupation,

Sailor

● Father's Birthplace,

Balt Co Md

Name of Medical Attendant,

or other person who makes this Return.

E. W. Lee M.D.

Address,

602 N. Carey St

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *7080*
1. Sex (state whether male or female), *male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *18th October*
4. Place of Birth (Street and Number), *1056 Gay St*
5. Full Name of Mother, *Suse King*
6. Mother's Maiden Name, *Suse Kramer*
7. Mother's Birthplace, *Sothen Germany*
8. Full Name of Father, *Emil King*
9. Father's Occupation, *Bucher*
10. Father's Birthplace, *Basin Germany*
- Name of Medical Attendant, or other person who makes this Return, *Johanna Raabach*
- Address, *115 South Wolf St*
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 7081
Male

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Oct. 19/88

4. Place of Birth (Street and Number),

801 E. Chase St.

5. Full Name of Mother,

Alice M. Primjan

6. Mother's Maiden Name,

" " Leonard

7. Mother's Birthplace,

Andrick a/c - Md

8. Full Name of Father,

John T. Primjan

9. Father's Occupation,

Barkeeper

Father's Birthplace,

Wash. D.C.

Name of Medical Attendant, or other person who makes this Return.

Edward J. Phillips

Address,

207 Airy in b/c

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child ☒ Mother, (state whether 1st, 2d, 3d, &c.) *Second* 7082
1. Sex, (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth. *Thursday 28 of November 1906*
4. Place of Birth, (Street and Number) *Elbow Lane 826*
5. Full Name of Mother, *Ella Sedwick*
6. Mother's Maiden Name, *Ella Blayde*
7. Mother's Birthplace, *Aniurranche, County*
8. Full Name of Father, *Charles Sedwick*
9. Father's Occupation, *Carter*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return *Mary Jane Richardson*
Address, *318 Ding Street*
Remarks, *Well as can be expected*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 9083*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Oct. 29th 1888*

4. Place of Birth, (Street and Number) *Cor. Monument & Constitution St.*

5. Full Name of Mother, *Louis Miller*

6. Mother's Maiden Name, *" Mother*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *L. Miller*

9. Father's Occupation, *Coffin maker W. C. Sharpe*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *W. C. Sharpe*

Address, *1038 E. Monument St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.* *A 7084*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *October 30*

4. Place of Birth, (Street and Number) *224 Pearl St.*

5. Full Name of Mother, *Louisa Frank Frank*

6. Mother's Maiden Name, *Louisa Frank*

7. Mother's Birthplace, *Liebenburg / Braunshweig Germany*

8. Full Name of Father, *Geo. Frank*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Landenberg Pr. / Brandenburg Germany*

Name of Medical Attendant, or other person who makes this return, *Mrs. Kuntz*

Address, *217 North Shore Road St.*

Remarks,

any such person or persons who shall register fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*: *A. 70 85*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 31st 1888*

4. Place of Birth, (Street and Number) *#103 Forest Place*

5. Full Name of Mother, *Emma James*

6. Mother's Maiden Name, *Leonard*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John James*

9. Father's Occupation, *Electric Engineer*

Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. M. M. M. M. M.*

Address, *1030 Monument St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *A 7086*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *10 of October 1888*
4. Place of Birth, (Street and Number) *900. Hollins st. Baltimore, Md.*
5. Full Name of Mother, *Annie Louise Schuckelle*
6. Mother's Maiden Name, *Annie Louise Wohlmacher*
7. Mother's Birthplace, *Bavaria, Germany*
8. Full Name of Father, *William Baltzell Schuckelle*
9. Father's Occupation, *Confectionary or Cake Baker*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. H. H. H. H.*
- Address, *217 North Schurder St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 7087
 1. Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Oct 14th 1888
 4. Place of Birth, (Street and Number) 877 E. N. Street
 5. Full Name of Mother, Elizabeth Smith
 6. Mother's Maiden Name, Harst
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Henry C. Smith
 9. Father's Occupation, Blacksmith
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, Dr. Wm. A. Thayer or other person who makes this Return. #1038 E. N. Street
 Address,
 Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A 7088
1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race)
3. Date of Birth, Oct. 15th 88
4. Place of Birth, (Street and Number) #1015 Lexington St
5. Full Name of Mother, Mary Antonia Hornoff
6. Mother's Maiden Name, Haelner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Hornoff
9. Father's Occupation, Clathing Cutter
10. Father's Birthplace, Baltimore M. D.
- Name of Medical Attendant, or other person who makes this Return, Mrs L. D. Dunder
- Address, 217 North Schreder St.
- Remarks,

any such person or persons who shall hereafter be convicted of the offense of neglecting to register a birth, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th A. 7089
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 16th 1892
4. Place of Birth, (Street and Number) #63 Stirling St
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, M. J. Smith
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Walter Brown
9. Father's Occupation, City Official
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. James N. [unclear]
- Address, #1038 O'Meara St
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7090
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 10th 1888
4. Place of Birth, (Street and Number) 11332 Hanover St
5. Full Name of Mother, Sophia Zolleder
6. Mother's Maiden Name, " Hermann
7. Mother's Birthplace, Masterburg, Prussia
8. Full Name of Father, Zolleder
9. Father's Occupation, Maritime Store
10. Father's Birthplace, Baltic Sea
- Name of Medical Attendant, or other person who makes this Return, Dr. J. J. ...
- Address, 11332 Hanover St
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 7091

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct. 17th 1888

4. Place of Birth, (Street and Number) 4509 Spaulding St.

5. Full Name of Mother, Alce Pahl

6. Mother's Maiden Name, Murray

7. Mother's Birthplace, Brooklyn, N.Y.

8. Full Name of Father, Georg Pahl

9. Father's Occupation, Printer

Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Wm. H. H. H.

Address, 1138 E. Howard St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 7297*
2. Sex, (State whether male or female) *Male*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *18th day of October*
5. Place of Birth, (Street and Number) *771 W. Mulberry St.*
6. Full Name of Mother, *May. Bertha. Amstad*
7. Mother's Maiden Name, *May Bertha Moller*
8. Mother's Birthplace, *Washington D.C.*
9. Full Name of Father, *Nacy. C. Amstad.*
10. Father's Occupation, *House Painter*
11. Father's Birthplace, *Montgomery Co. Md.*
12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Duval*
13. Address, *217 North Shorewood St.*
14. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be fined or imprisoned, or both, at the discretion of the court, and the provisions of this section shall be enforceable, subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A 7093*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Oct 19th 1888.*
4. Place of Birth, (Street and Number) *#411 E. Gay St.*
5. Full Name of Mother, *Barbara E. G. Hoff.*
6. Mother's Maiden Name, *Married*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Edward E. Hoff.*
9. Father's Occupation, *Teacher.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Wm. H. Hoff.*
- Address, *410 W. 1st St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct 20th 1898

4. Place of Birth, (Street and Number) #2010 E Biddle St.

5. Full Name of Mother, J. J. [unclear]

6. Mother's Maiden Name, [unclear]

7. Mother's Birthplace, [unclear]

8. Full Name of Father, Wm. [unclear]

9. Father's Occupation, 1st [unclear]

10. Father's Birthplace, [unclear]

Name of Medical Attendant, or other person who makes this Return, [unclear]

Address, #238 [unclear] St

Remarks, [unclear]

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd Child
- Sex, (state whether male or female) Female
- Race or color, (if not of the white race) White race
- Date of Birth, 20th October
- Place of Birth, (Street and Number) 2122 Wilkens ave
- Full Name of Mother, May L Walker
- Mother's Maiden Name, May L Cooper
- Mother's Birthplace, Baltimore City
- Full Name of Father, Adrian Walker
- Father's Occupation, Miller
- Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Dr. W. D. Shaw
- Address, 1727 N. Lombard St
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

or other person who makes this Return.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

A 7097

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct. 2nd 1888

4. Place of Birth, (Street and Number) Harper St. 1112

5. Full Name of Mother, Mary C. Bachman

6. Mother's Maiden Name, Margaret C. Bachman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James C. Childs

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Henry McHenry

Address, 1138 Monument St

Remarks,

Any person or persons who shall receive fee for this return, or who shall be convicted of any offence in relation to the same, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

Race or color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

any such return of persons who are not citizens of Baltimore City, and who are not residents of Baltimore City, is to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 7099
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 27th 1888
4. Place of Birth, (Street and Number) 4724 Garrison St
5. Full Name of Mother, Anna Green
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Green
9. Father's Occupation, Doctor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Wm Green
- Address, #10380 (Green)
- Remarks, _____

any such person or persons who shall heretofore fail to comply with the provisions of the Act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 st* *A. Good*
 1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *October the 27*
 4. Place of Birth, (Street and Number) *Lemmon Street 891*
 5. Full Name of Mother, *Christine Sieburg*
 6. Mother's Maiden Name, *Christine Morlok*
 7. Mother's Birthplace, *Enzklosterle. Germany*
 8. Full Name of Father, *Louis Sieburg*
 9. Father's Occupation, *Locksmith*
 10. Father's Birthplace, *Dassel. Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Hummel*
 Address, *217 North Schaefer St.*
 Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-15-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Hoane
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second* 7101

● Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *October 24th 1898*

4. Place of Birth, (Street and Number) *1435 N. 19th Street*

5. Full Name of Mother, *Mary J. Hoane*

6. Mother's Maiden Name, *Harriet Fodd*

7. Mother's Birthplace, *Baltimore Co. Md.*

8. Full Name of Father, *William H. Hoane*

9. Father's Occupation, *Commission Merchant*

● Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *A. J. Matson*

Address, *301 N. Central Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth A 7103*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *October 24th 1888*

4. Place of Birth. (Street and Number) *403 Paralega Street*

5. Full Name of Mother, *Ellar Watson*

6. Mother's Maiden Name, *Ellar Green*

7. Mother's Birthplace, *Baltimore City Md.*

8. Full Name of Father, *John S. Watson*

9. Father's Occupation, *Grocery Merchant*

10. Father's Birthplace, *Catonsville Md.*

Name of Medical Attendant, or other Person who makes this Return *A. Watson*

Address, *1301 A. Central Ave.*

Remarks,

within the period above required, except in the cases of the birth and death of illegitimate children, and of persons or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Missing #A 7104 - #A 7178, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child A 7177*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *color*

3. Date of Birth, *November the 1*

4. Place of Birth, (Street and Number) *914 Green Valley Court*

5. Full Name of Mother, *Josephine Watkins*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore City MD*

8. Full Name of Father, *Alexander Smith*

9. Father's Occupation, *Cracker*

10. Father's Birthplace, *Hampton Virginia*

Name of Medical Attendant, or other person who makes this Return. *Mary Ann Brooks*

Address, *No 568 Biddle alley*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7180

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 1st, 88

4. Place of Birth, (Street and Number)

1400 Hamstead St.

5. Full Name of Mother,

Elizabeth Brauer

6. Mother's Maiden Name,

Dox

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

August D. Brauer

9. Father's Occupation,

Curner

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return

Caroline Miller

Address, 1400 Hamstead St. Balto. Md.

Remarks.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Δ 7/81

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

male
white
November 1
Baltimore, 1426
Mrs. Fanny Ripley
Miss Fanny Smith
Washington, D. C.
William Ripley
Labor
Baltimore, 16 D.
Miss Correlia Allen
1426 Garrett St.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Es 7/82

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 1 Nov.

4. Place of Birth, (Street and Number) 913 E. Fayette St

5. Full Name of Mother, Rachel Leimberg

6. Mother's Maiden Name, " Leimberg

7. Mother's Birthplace, Poland

8. Full Name of Father, Simon Leimberg

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return.

Mrs. Rose Albrig

Address,

1302 Holloman

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child ~~A~~. 7185
Male.

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

617 Sharp st.

4. Place of Birth, (Street and Number)

Nov 1 1888.

5. Full Name of Mother,

Susana Gehre.

6. Mother's Maiden Name,

Heil.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Gehre.

9. Father's Occupation,

Can-maker.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 4th time 7/18/84

Sex, (State whether male or female) Little Girl

2. Race or color, (if not of the white race) White race

3. Date of Birth, Born 1 Decr 1888

4. Place of Birth, (Street and Number) No 103 Steffen Lane

5. Full Name of Mother, Mrs Gindler

6. Mother's Maiden Name, Miss Gormanha

7. Mother's Birthplace, West Prussian Germany

8. Full Name of Father, Mr Herman Gindler

9. Father's Occupation, Laborer

Father's Birthplace, West Prussian Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Miller

Address, 2121 W. Pratt St

Remarks,

Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st A. 7/85

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Nov 1 '85 - 4.30 a.m.

4. Place of Birth, (Street and Number)

501 N. Cary Cor. Franklen

5. Full Name of Mother,

Florence Rine

6. Mother's Maiden Name,

Florence Becraft

7. Mother's Birthplace,

Canall Co. Md

8. Full Name of Father,

Geolo Rine

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Fredk City Md

Name of Medical Attendant, or other Person who makes this Return.

A. W. Barton M.D.

Address,

Remarks,

1136 W. Lexington St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A. 7136

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov. 1/88

4. Place of Birth, (Street and Number)

233 E. Pennsylvania

5. Full Name of Mother,

Charlotte C. Gilbert

6. Mother's Maiden Name,

" " Stokely

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

Joseph C. Gilbert

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other Person who makes this Return.

J. L. Williams

Address,

226 E. Bay

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child* *A* *7/87*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 1st 1888*

4. Place of Birth, (Street and Number) *S. Caroline St No 317*

5. Full Name of Mother, *Mary Boskar*

6. Mother's Maiden Name, *Mary Froelburg*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Boskar*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. D. Dallas St No 114*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *7158*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 1st*
4. Place of Birth (Street and Number) *Druid hill avenue 508*
5. Full Name of Mother *George annie Wilson*
6. Mother's Maiden Name *George annie Jones*
7. Mother's Birthplace *Indo hill N D*
8. Full Name of Father *Chance Wilson*
9. Father's Occupation *Fireman*
Father's Birthplace *South Carolina*
Name of Medical Attendant, or other Person who makes this Return. *Dr Wm E. Dias*
Address *Biddle st 540*
Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7189
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth November 1st
4. Place of Birth, (Street and Number) Baltimore East. Street 221
5. Full Name of Mother Mary Rosie Cole
6. Mother's Maiden Name Mary Rosie Smith
7. Mother's Birthplace St Marys County
8. Full Name of Father James William Cole
9. Father's Occupation Domestic
10. Father's Birthplace St Mary county
- Name of Medical Attendant, or other Person who makes this Return. Ann Campbell
- Address 1104 Union ally near eden
- Remarks X Mother and Daughter Well

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d, Child **A** 7190
Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Nov. 1, 1888
4. Place of Birth, (Street and Number) Heath St. 9
5. Full Name of Mother, Charra Jewry
6. Mother's Maiden Name, Charra Curt
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, William Jewry
9. Father's Occupation, Glass-Blower
Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, M. R. Leakey
Address, 213 E. Heath St.
Remarks, Doing Well

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Primipara
White

A 7191

1 Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 12, 1888

4. Place of Birth, (Street and Number)

828 Sharp St

5. Full Name of Mother,

Kate Korman

6. Mother's Maiden Name,

" Schorman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Theodore Korman

9. Father's Occupation,

Wagon Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Theodore Korman M.D.
John S. Whiting L.B.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7142

Sex, (state whether male or female)

Male
White

2. Race or color, (if not of the white race).

3. Date of Birth,

Nov 1st 1888

4. Place of Birth, (Street and Number)

Edmondson Ave + Gilman

5. Full Name of Mother,

Maggie J. Harris

6. Mother's Maiden Name,

"", Tall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Clarence L. Harris

9. Father's Occupation,

Wagonmaker & Coach

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Woodward, Charles H.

Address,

714 N. Charles St. L. 13

Remarks,

Noted to the line of ten dollars for each child, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

7193

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

1st of November, 1888

4. Place of Birth (Street and Number),

610. S. Ann Street

5. Full Name of Mother,

Raulina Honsewitsch

6. Mother's Maiden Name,

Raulina Schadyjinski

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ignatz Honsewitsch

9. Father's Occupation,

Schamaker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return.

Mrs. Ida Hill midwife

Address,

207 N. Castle St

Remarks,

|||||

This card must be filled out by the Registrar of Vital Statistics, Baltimore City, and returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

White

November 11 1888

1121 Quist Alley

Budget Danner

Budget Kalkamer

Germany

Frank Danner

Labour

Germany

James W. W. W.

Reported by Doctor

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7195

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Apr. 1 88.

4. Place of Birth, (Street and Number)

813 Forrush

5. Full Name of Mother,

Isabella Stevens

6. Mother's Maiden Name,

" Beadenkopf.

7. Mother's Birthplace,

Md

8. Full Name of Father,

Wm. Stevens

9. Father's Occupation,

Knicker

Father's Birthplace,

Md

Name of Medical Attendant, or other person who makes this Return

J. H. Robinson

Address,

726 E. Preston St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

B 7496

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 1st 1888

4. Place of Birth, (Street and Number)

137 Cross Street

5. Full Name of Mother,

Alice Hamilton

6. Mother's Maiden Name,

Alice van der

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Theodore Hamilton

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Ellenora A. Anderson

Address,

1434 Patuxent Street

Remarks,

a fine healthy child

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10-10-2001 BY 60322 UCBAW

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 7197

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Nov. 4, 1888.

4. Place of Birth (Street and Number),

1410 Carroll St.

5. Full Name of Mother,

Mary C. Lee

6. Mother's Maiden Name,

" " Payne

7. Mother's Birthplace,

Annapolis Md.

8. Full Name of Father,

Levin Lee

9. Father's Occupation,

Cigar Shucker

10. Father's Birthplace,

Winchester Va.

Name of Medical Attendant, or other person who makes this Return.

H. C. Knapp M.D.

Address,

513 Scott St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 7198

1. Sex. (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, November 2nd 1888
4. Place of Birth, (Street and Number) Albemarle st.
5. Full Name of Mother, Anna Pendergast
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Pendergast
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, 122 S. E. 1st st.

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First child* *7199*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 2nd 1888.*

4. Place of Birth, (Street and Number) *206 N. Caroline St.*

5. Full Name of Mother, *Minnie Bon. Halle*

6. Mother's Maiden Name, *Diedrich*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Francis Bon. Halle*

9. Father's Occupation, *Sky-light maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Francis A. Gower M.D.*

Address, *439 N. Central Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child A. 7200*
 1. Sex, (State whether male or female) *girl*
 2. Race or color, (if not of the white race) *White race*
 3. Date of Birth, *Born Second of November 1899*
 4. Place of Birth, (Street and Number) *No 3 Banel St*
 5. Full Name of Mother, *Mrs. Ezzie Holy*
 6. Mother's Maiden Name, *Miss " Girley*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Mr James Holy*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Miller*
 Address, *2127 West Pratt St*
 Remarks,

Subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A. 7201*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov. 2^d. 1888.*

4. Place of Birth, (Street and Number) *1523 Penn. Ave.*

5. Full Name of Mother, *Marz Lizzie Ward*

6. Mother's Maiden Name, *Schmidt*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Geo. E. Ward*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Calvert Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *J. D. Christian, M.D.*

Address, *1821 Madison Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Δ 7202

Sex (state whether male or female),

Female.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

Apr 2^d 1888.

4. Place of Birth (Street and Number),

Fremont & George Sts.

5. Full Name of Mother,

Anna J. Redfern.

6. Mother's Maiden Name,

Anna Spencer.

7. Mother's Birthplace,

Massachusetts.

8. Full Name of Father,

Charles H. Redfern

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

Charles L. Cunningham, M.D.

Address,

804 N. Carrollton St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third A 7203*
- Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov- 2^d*
4. Place of Birth, (Street and Number) *709 Greenmount av^{city}*
5. Full Name of Mother, *Mrs Rosie G. Salisbury*
6. Mother's Maiden Name, *Harrigan*
7. Mother's Birthplace, *Balto city*
8. Full Name of Father, *Charles S. Salisbury*
9. Father's Occupation, *Black Smith*
10. Father's Birthplace, *Balto city*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Warden*
- Address, *936 Greenmount av*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st 1304

1. Sex (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth, :

2nd of November

4. Place of Birth, (Street and Number)

1515 Lancaster St

5. Full Name of Mother,

Elizabeth Sommer

6. Mother's Maiden Name,

Hentline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sommer

9. Father's Occupation,

Watch-Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Gasper

Address,

1022 Broadway St.

Remarks,

Noted to the file of the Registrar of Vital Statistics, Baltimore City, for the purpose of recording the same, to be retained as other files and for the purpose of recovering the same.

jected to the fine of ten (10) dollars for each offence, to be paid by the offender, whether or not the offender is a resident of the City of Chicago. All fines are recoverable.

jected to the fine of ten (10) dollars for each offence, to be paid by the offender, whether or not the offender is a resident of the City of Chicago. All fines are recoverable.

3

7205

Female

jected to the fine of ten (10) dollars for each offence, to be paid by the offender, whether or not the offender is a resident of the City of Chicago. All fines are recoverable.

2nd of November

14 Front St

Maria Esposito

Lower

I take

Antonio Esposito

Fruit-Decker

Italy

Sarah Casper

1022 Granby St.

jected to the fine of ten (10) dollars for each offence, to be paid by the offender, whether or not the offender is a resident of the City of Chicago. All fines are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

A 7206

Child

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

Colored

Date of Birth.

2 July of '80

Place of Birth (Street and Number)

Baltimore 509 China St

Full Name of Mother.

Lucy Hughes

Mother's Maiden Name.

Lucy Hopper

Mother's Birthplace.

Peterboro

Full Name of Father.

Samuel Hughes

Father's Occupation.

Tray man

Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Wm. Brown

Address.

Chimney Street 827

Remarks.

Very Well

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

7207

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 2d

4. Place of Birth, (Street and Number)

404 Franklin

5. Full Name of Mother,

Henry M. Smith

6. Mother's Maiden Name,

Mary

7. Mother's Birthplace,

Bo

8. Full Name of Father,

Arthur V. Smith

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Now E. D. Smith

Address,

1721 W. Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 7208
 1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Nov. 2nd 1888
 4. Place of Birth, (Street and Number) 1337 W. Baltimore St.
 5. Full Name of Mother, Rachal Baer
 6. Mother's Maiden Name, Rachal Konheim
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Simon Baer
 9. Father's Occupation, Merchant
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this return, Mr. D. Smiley
 Address, 217 North Schurder St.
 Remarks,

any child born of persons who shall thereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Miss* *7209*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *November 2nd, 1888*
4. Place of Birth, (Street and Number) *1721 Riggs Ave*
5. Full Name of Mother, *Julia Penhewer*
6. Mother's Maiden Name, *Seuberg*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Lazarus Penhewer*
9. Father's Occupation, *House Dealer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *S. H. Seldner M. D.*
- Address, *S. C. for Garrison & Co. Geo. St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Balto Nov 10. 1888. 7210*
1. Sex, (State whether male or female) *Female.*
2. Race or color, (if not of the white race) *White.*
3. Date of Birth, *Balto Nov 8. 1888.*
4. Place of Birth, (Street and Number) *2019 Canton Ave.*
5. Full Name of Mother, *Mary Hoffman.*
6. Mother's Maiden Name, *Mary Hatje.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *John Hoffman.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this Return, *Mary Amend.*
- Address, *410. South Wolfe St.*
- Remarks, *A2*

any such person as knowingly or negligently neglects to file this Return, or who is convicted of the crime of perjury in connection with this Return, shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 7211

Sex, (state whether male or female)

mal

2. Race or Color, (if not of the white race)

Colord

3. Date of Birth,

929 Nov 2 1880

4. Place of Birth, (Street and Number)

832 Tyson St

5. Full Name of Mother,

Lane Jansse

6. Mother's Maiden Name,

Lane Wallom

7. Mother's Birthplace,

taka Maryland

8. Full Name of Father,

Jesse Washington Jansse

9. Father's Occupation,

Water

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucy Cornish

Address,

No 906 Madison alby

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 -

A. 17213

1. Sex, (state whether male or female)

- M -

2. Race or Color, (if not of the white race)

- W -

3. Date of Birth,

Nov 2^d 88 -

4. Place of Birth, (Street and Number)

541 N Gay St

5. Full Name of Mother,

Clara Agnes Kramer

6. Mother's Maiden Name,

"

"

Sommer-

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Charles F Kramer

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Frederick Miller M.D.

Address,

1207 E. Monument St

Remarks,

in the fine of ten (10) dollars to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A 7213

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Friday Nov 24 1885

4. Place of Birth (Street and Number),

No 26 Landwehr's Lane Mex

5. Full Name of Mother,

Kunigunda Boehm

6. Mother's Maiden Name,

Kunigunda Amernd

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Boehm

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mathewine Holl

Address,

No 349 Bonlatre St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th* *7214*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *2th November*
4. Place of Birth (Street and Number), *419 South Collington ave*
5. Full Name of Mother, *Mary Gistbert*
6. Mother's Maiden Name, *Mary Cincer*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Alvin Gistbert*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Prussia Germany*
- Name of Medical Attendant, or other person who makes this Return. *Johanna Raubach*
- Address, *115 South Wolfe St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 7215*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *2d November*
4. Place of Birth (Street and Number), *239 S Regester st*
5. Full Name of Mother, *Emily Miller*
6. Mother's Maiden Name, *Emily Henning*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Harold Miller*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return. *Johanna Raubach*
- Address, *115 South Wolfe st*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A* *7216*
- Sex, (State whether male or female) *Male.*
2. Race or color, (if not of the white race) *Black*
3. Date of Birth, *November 3rd 1888.*
4. Place of Birth, (Street and Number) *#528. W. Madira. Allref.*
5. Full Name of Mother, *Florence L. Berry.*
6. Mother's Maiden Name, *Florence L. Beouri.*
7. Mother's Birthplace, *Baltimore, Maryland.*
8. Full Name of Father, *John W. Berry.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Middle River Neck, Baltimore County, Maryland.*
- Name of Medical Attendant, or other person who makes this Return. *Dr. John Davis.*
- Address, *#235. N. Chester st.*
- Remarks, *Forceps delivery.*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- ☒ of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st* A. 7217
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Col*
3. Date of Birth *Nov 2*
4. Place of Birth (Street and Number) *624. N. Dallas*
5. Full Name of Mother *Elizabeth Adams*
6. Mother's Maiden Name *Rick*
7. Mother's Birthplace *Balto*
8. Full Name of Father *James E. Adams*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Richmond Co Va*
- ☒ Name of Medical Attendant, or other Person who makes this Return
- Address *1435 Orleans St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 7218

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 2^d 1888.

4. Place of Birth, (Street and Number)

1143 E. Lombard st

5. Full Name of Mother,

Hannie Andraethy

6. Mother's Maiden Name,

" Griffith

7. Mother's Birthplace,

va

8. Full Name of Father,

Augustus Andraethy

9. Father's Occupation,

Factor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

J. Ridgway Andraethy

Address,

1123 E. Barta st

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 9 November 1888

4. Place of Birth, (Street and Number) 192 S. Washington St

5. Full Name of Mother, Blanche Knau

6. Mother's Maiden Name, " Romel

7. Mother's Birthplace, Balto.

8. Full Name of Father, Adolph Knau

9. Father's Occupation, Police

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs Rose Ulbrich
1302 Highland St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

A. 7220

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 3rd 1881

4. Place of Birth, (Street and Number)

1027 N. Caroline St

5. Full Name of Mother,

Mary Thimyer

6. Mother's Maiden Name,

Hill

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Thimyer

9. Father's Occupation,

Box manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

L. H. Seldner M.D.

Address, L. S. for Caroline Lager St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A 7221

Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 3rd 1888

4. Place of Birth, (Street and Number)

1 Bohman Lane

5. Full Name of Mother,

Mary Gergler

6. Mother's Maiden Name,

Bauer

7. Mother's Birthplace,

Balte

8. Full Name of Father,

Fred W. Gergler

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

S. H. Soldner M. D.

Address,

16 Fox Lane near Eager St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. 7222

Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 3. 08

4. Place of Birth, (Street and Number)

1409 E. Balto St.

5. Full Name of Mother,

Minnie Thiele

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Fredrick Thiele

9. Father's Occupation,

Goldsmith

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Caroline Miller

Address, *1405 Walker St. Balto. Md.*

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6th A 7229*

1. Sex. (State whether male or female) *female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *November 3rd. 1888*

4. Place of Birth. (Street and Number) *No. 256 W. Schroeder st.*

5. Full Name of Mother, *Clara Neuman*

6. Mother's Maiden Name, *Clara Wentzel*

7. Mother's Birthplace, *Austria*

8. Full Name of Father, *John Neuman*

9. Father's Occupation, *House Painter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return. *Susan Hunter*

Address, *23 W Poppleton St*

Remarks,

printed to the line of ten the dollars for each ounce, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A 7224

Female

White

Mar 3 - 1988

532 N. ~~High~~ Mount

Clara Winn

Knott

Balto

Delancey Winn

Paper Hanger

Balto

M. D. McKnew

1401 ~~Lincoln~~ an

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 7225

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

3rd Nov. 1888

4. Place of Birth, (Street and Number)

647 Franklin St

5. Full Name of Mother,

Ella Longthorpe

6. Mother's Maiden Name,

Ella Adl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Ward Longthorpe

9. Father's Occupation,

Professor of Greek

10. Father's Birthplace,

Wilmington Delaware

Name of Medical Attendant, or other Person who makes this Return

D. H. Lehmann M.D.

Address,

384 Pearl St.

Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 726
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White
Apr 3, 88

3. Date of Birth,

4. Place of Birth, (Street and Number)

1601 - Cope St.

5. Full Name of Mother,

Bridget Kane

6. Mother's Maiden Name,

" Gray

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Kane

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

D. C. McNeill M.D.
Pratt & Tucker Sts

Address,

Remarks,

any such person or persons as shall be convicted of this offence shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis Mazlyn Nutter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A 7227

Sex, (state whether male or female)

Male

2. Race, or color, (if not of the white race)

Colored

3. Date of Birth,

November 3, 1888.

4. Place of Birth, (Street and Number)

1141 Br. Saratoga St. Balto.

5. Full Name of Mother,

Annie E. Nutter

6. Mother's Maiden Name,

Annie E. King

7. Mother's Birthplace,

Somerset Co. Ind.

8. Full Name of Father,

John H. Nutter

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Somerset Co. Ind.

Name of Medical Attendant, or other person who makes this Return

Mary Catharine Jones.

Address,

1121 Br. Saratoga St., Cor. Carlton St.

Remarks,

GIVEN NAME ADDED. 10-14-93

L.M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A/5-28

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 3. 1888

4. Place of Birth, (Street and Number)

Garrett Ave

5. Full Name of Mother,

Mrs Margaret Booth
Miss Margaret Philip

6. Mother's Maiden Name,

7. Mother's Birthplace,

Born on eastern shore

8. Full Name of Father,

Mr Samuel H. Booth

9. Father's Occupation,

AB

Labor

10. Father's Birthplace,

Born Chesapeake City

Name of Medical Attendant, or other person who makes this Return.

Mrs Cornelia Allen

Address,

1426 Garrett Avenue, Balto

Remarks,

any such person or persons who shall knowingly fail to comply with the provisions of this act, or who shall be convicted of the crime of perjury in connection with the same, shall be liable to the fine of \$100 and to imprisonment for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth A 7229

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 3rd 1888

4. Place of Birth, (Street and Number)

817 W. Lexington St

5. Full Name of Mother,

Mauda Brown

6. Mother's Maiden Name,

Sayers

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

C. H. Brown

9. Father's Occupation,

Confessioner

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 N. Gaynetton St

Remarks,

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 7230
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Nov 3rd
4. Place of Birth, (Street and Number) No. 704 N Wolfe Str
5. Full Name of Mother, Anna L. Dill
6. Mother's Maiden Name, Dunbar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Dill
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return, Mrs L. Schutte.
- Address, No 528 N Washington Str
- Remarks, —

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, (i.e.) Fourth A. 7231
2. Sex (state whether male or female)
3. Race or Color, (if not of the white race) White
4. Date of Birth November 3^d 1888
5. Place of Birth, (Street and Number) 218 S. Washington St.
6. Full Name of Mother Emma Eliza Rauch
7. Mother's Maiden Name Emma E. Cooper
8. Mother's Birthplace Baltimore City Md
9. Full Name of Father Benjamin Bowen Rauch
10. Father's Occupation Clerk
11. Father's Birthplace Baltimore City Md
12. Name of Medical Attendant, or other Person who makes this Return Nicholas L. Haskell
- Address 700 S. Broadway
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sex of Child of Mother, (~~state whether~~ 1st, 2d, 3d, etc.)

Sex ~~whether~~ male or female

Race or Color, (~~if not of the~~ white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

7232

Nov 3 88
429 Grand Bell Ave.
Mrs Lizzy Inturn
Lizzy Horwitz
Russia
Graham Inturn
Shoemaker
Russia
Dr Anna L. Huber
1435 Wright St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 7233

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov. 3 / 88

4. Place of Birth, (Street and Number)

2030 S. Washington

5. Full Name of Mother,

Ellen B. Phillips

6. Mother's Maiden Name,

Farrell

7. Mother's Birthplace,

Wentworth, N. H.

8. Full Name of Father,

Louis M. Phillips

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Calif

Name of Medical Attendant, or other Person who makes this Return

J. M. Miller

Address,

226 S. Bay

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 B 7234

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov 8, 1878

4. Place of Birth, (Street and Number) No 15 West Ave

5. Full Name of Mother, Margaret H Tyrrell

6. Mother's Maiden Name, Margaret H Kerby

7. Mother's Birthplace, Prince George Co Md

8. Full Name of Father, Michael R Tyrrell

9. Father's Occupation, Druggist

10. Father's Birthplace, Dublin Ireland

Name of Medical Attendant, or other person who makes this Return, C. Hinton

Address, No 17 Barney St

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

B 7235

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

For 3. 1888

3. Date of Birth,

For 3. 1888

4. Place of Birth, (Street and Number)

304 N. High St.

5. Full Name of Mother,

Mary Elizabeth Chambers

6. Mother's Maiden Name,

Chambers

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

John Vincent

9. Father's Occupation,

Carpenter

Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this return.

Dr. C. J. H. H. H.

Address,

1000 E. Baltimore St.

Remarks,

Worcester, Mass.

Printed to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH .

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Child. 7236
Female.

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 3 — 1888.

4. Place of Birth, (Street and Number)

1145 Johnson st.
Rosa Mc Nene
Cisel.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America.
Patrick Mc Nene.
Laborer.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

Address,

J. Schwasser Midwife.
1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

3 Child ~~7237~~
Male.

● Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 3 — 1888.
505 Hanover st.

4. Place of Birth, (Street and Number) ..

Mary Brady.
Mo. Call.

5. Full Name of Mother,

6. Mother's Maiden Name,

America.
William Brady.
Horse shoe maker.
America.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

J. Schuesser. Midwife.
1032 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child A 7238

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 4th

4. Place of Birth, (Street and Number)

942 Greenmount Ave

5. Full Name of Mother,

Ellen Burk

6. Mother's Maiden Name,

Trully

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Burk

9. Father's Occupation,

Restaurand

10. Father's Birthplace,

P.A.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hodder

Address,

936 Greenmount Ave

Remarks,

GIVEN NAME ADDED 1-3-57

RETURN OF A BIRTH

to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Peter John Brennan
 Child of Mother, (State whether 1st, 2d, 3d, &c.) *2nd A 7239*

State whether male or female)

male

or color, (if not of the white race)

white

of Birth.

November 1888

of Birth, (Street and Number)

No. 554 Robert St.

Name of Mother.

Alice M. Brennan

er's Maiden Name,

Alice Angel

er's Birthplace,

Baltimore Md.

Name of Father,

George W. Brennan

er's Occupation,

Bread Seller

er's Birthplace,

Baltimore Md.

of Medical Attendant, or other person who makes this Return.

Susan Thurst

ress,

23 N. Poppleton St.

arks.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7240

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 4th 1888

4. Place of Birth, (Street and Number)

23. Fulton av

5. Full Name of Mother

Katie Dyott

6. Mother's Maiden Name

Briel

7. Mother's Birthplace

Bolton

8. Full Name of Father

Rogers A. Dyott

9. Father's Occupation

Merchant

10. Father's Birthplace

Maryland

Name of Medical Attendant

or other Person who makes this Return.

W. P. McKenney

Address

1401 Lincoln av

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *female 1st* 7241
1. Sex, (state whether male or female) *female*
2. Race or color, (if not of the white race)
3. Date of Birth, *Nov. 4. 88*
4. Place of Birth, (Street and Number) *313 88 North Enoch St.*
5. Full Name of Mother, *Mary Diamond*
6. Mother's Maiden Name, *Pilgrim*
7. Mother's Birthplace, *Balti. Md.*
8. Full Name of Father, *Leo Diamond*
9. Father's Occupation, *Clerk.*
10. Father's Birthplace, *Balti. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*
- Address, *1605 Walker St. Balt. Md.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Edward Healy — *1st* *A 7242*
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 4th 1888*

4. Place of Birth, (Street and Number) *1305 Washington St*

5. Full Name of Mother, *Lizzie Healy*

6. Mother's Maiden Name, *James*

7. Mother's Birthplace, *MD*

8. Full Name of Father, *Michael Healy*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *MD*

Name of Medical Attendant, or other Person who makes this Return

L. M. Hurdley

Address,

1002 Edmondson Ave

Remarks,

GIVEN NAME ADDED. 2-19-53

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7243

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth,

Nov 14th

4. Place of Birth, (Street and Number)

5-78 W. Biddle street

5. Full Name of Mother,

Lillian Flanely

6. Mother's Maiden Name,

Gray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Flanely

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Dr. John

Address,

101 Egon st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d A. 7244

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov - 4th 1888 -

4. Place of Birth, (Street and Number) 1213 N. Strickes St

5. Full Name of Mother, Katie Agness Connolly

6. Mother's Maiden Name, " " M^{rs} Carthy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James J. Connolly

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, West Va.

Name of Medical Attendant, or other Person who makes this Return, James Bacon MD

Address, Cor Chelington & Lafayette ave -

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

A. 7240

● Sex, (state whether male or female)

Female.

2. Race or color, (if not of the white race)

White race.

3. Date of Birth,

Novem. 4/88

4. Place of Birth, (Street and Number)

No. 1507. Race. St

5. Full Name of Mother,

Louis. A. Martin

6. Mother's Maiden Name,

" " Harig

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Charles. A. Martin

9. Father's Occupation,

Clas. Worker.

● Father's Birthplace,

Balto. Md.

Name of Medical Attendant: or other person who makes this Return.

Amie. Green.

Address,

No. 1214. Light. St.

Remarks,

Penalty to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female)

Female.

2. Race or color, (if not of the white race)

White, race

3. Date of Birth,

Nov 10 4/88

4. Place of Birth, (Street and Number)

No. 126, Hughes St

5. Full Name of Mother,

Elizabeth Beckwith

6. Mother's Maiden Name,

Theory.

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Thomas Beckwith

9. Father's Occupation,

Labor.

Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Lennie. Green.

Address,

No. 1714 Light St.

Remarks,

Jecked to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child A 7247*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 14 1888*

4. Place of Birth, (Street and Number) *Front Street 1090*

5. Full Name of Mother, *Rosa Ellen Trasey*

6. Mother's Maiden Name, *Rosa Ellen Kadden*

7. Mother's Birthplace, *Goodwill Worcester Co*

8. Full Name of Father, *Moses Trasey*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Stockton Worcester Co*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Woodson*

Address, *926 Greenmount Av*

Remarks,

For each of these to be recovered an office fine of \$100 is provided for recovery.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balt. Nov 6. 1888 *A 72 48*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Balt. Nov 5. 1888*

4. Place of Birth, (Street and Number) *9 Bradford Alley.*

5. Full Name of Mother, *Lizzie Giffel.*

6. Mother's Maiden Name, *Elizabeth Giffel.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *John Giffel.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Mary Arnold.*

Address, *410. South High Street.*

Remarks, *all*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 141 A 7249
1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 5, 1888
4. *Place of Birth, (Street and Number)* Locust Point Garrett 130
5. *Full Name of Mother,* Williamsina Bohn
6. *Mother's Maiden Name,* Williamsina Elghee
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lorenz Bohn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany
- Name of Medical Attendant, or other person who makes this Return.* Mrs. Ethel
- Address,* 1619 Cedar St
- Remarks,* Baltimore

Jeeted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1* A. 7257
- Sex, (state whether male or female) *Clear Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *November 5th*
4. Place of Birth, (Street and Number) *No 7 Colton st*
5. Full Name of Mother, *Miss Mary Lizzie Smith*
6. Mother's Maiden Name, *" " " Matthews*
7. Mother's Birthplace, *Polong st*
8. Full Name of Father, *D. J. Smith*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Davenport Iowa*
- Name of Medical Attendant, or other Person who makes this Return. *Elen Ferguson*
- Address, *No Colton st No 7*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *A 7257*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race)
3. Date of Birth, *Nov 5 - 188*
4. Place of Birth, (Street and Number) *Liberty St. No. 100 (no number)*
5. Full Name of Mother, *Emma Smith*
6. Mother's Maiden Name, *Abbott*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Id.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Dr. R. R. R. M.D.
100

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1 Child
Female

2. Sex, (state whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth,

Nov 5 — 1888.

5. Place of Birth, (Street and Number)

234 Cross st.

6. Full Name of Mother,

Theresa Eiser.

7. Mother's Maiden Name,

8. Mother's Birthplace,

America
Not married.

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser Midwife
110 32 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child A 1253
Male.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 5 — 1888.

4. Place of Birth, (Street and Number)

414 Pratt st.

5. Full Name of Mother,

Cristine Sachse
Riedel.

6. Mother's Maiden Name,

Germany.

7. Mother's Birthplace,

8. Full Name of Father,

Theodor Sachse.

9. Father's Occupation,

Jewelry maker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasker Midwife.
1032 Hanover st.

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-207
8

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

female
White

2. Race or color, (if not of the white race)

3. Date of Birth.

November 5

4. Place of Birth, (Street and Number)

Baltimore. Garrett Ave. 1426

5. Full Name of Mother,

William Ann. Rosman

6. Mother's Maiden Name,

William Ann. Walton

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Rosman
Coal trimmer

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Cornelia Allen
1426 Garrett Ave.

Address,

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A 7253

☒ Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~Oct~~ Nov 5/88

4. Place of Birth, (Street and Number)

218 N. Fremont St

5. Full Name of Mother,

Amelia Fredericks

6. Mother's Maiden Name,

Moll

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Eustan Fredericks

9. Father's Occupation,

Barber

☒ Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Jos E. Gibbons M.D.

Address,

833 Edmondson Ave

Remarks,

Noted to the line of ten thousand dollars for each infant, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
female
white

Nov 5-11-1887

1614-7 Road-9-

Mary E. Ganslan

" " Rosa

Balti.

Eugene J. Ganslan

Seaman

New York

David A. Street M.D.

402 N. E. 1st St. E.

B. 723.5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Three Children*
 Sex, (state whether male or female) *Male* *A. 7257*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth *5th of November 1888*
 4. Place of Birth, (Street and Number) *305. Welcome alley*
 5. Full Name of Mother, *Emily. Fighet.*
 6. Mother's Maiden Name, *Eastern Shore Md*
 7. Mother's Birthplace, *gilmore. Fighet*
 8. Full Name of Father, *Had. Carrier.*
 9. Father's Occupation, *Eastern Shore Md.*
 10. Father's Birthplace, *Emily. Hughes.*
 Name of Medical Attendant, or other Person who makes this Return. *N^o. 30. Hughes St.*
 Address, *N^o. 30. Hughes St.*
 Remarks, *N^o. Remarks.*

RETURN OF A BIRTH ^{over}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Cassine Nathaniel Mason*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *5th* *7205*
 1. Sex (state whether male or female), *Male*
 2. Race or Color (if not of the white race), *Colored*
 3. Date of Birth, *Nov. 5th*
 4. Place of Birth (Street and Number), *1432 Division St.*
 5. Full Name of Mother, *Emma Sophia Mason*
 6. Mother's Maiden Name, *Emma Sophia Burgess*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Chas. R. P. Mason*
 9. Father's Occupation, *Butler*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return. *Charity Jones*
 Address, *101 E. Mulberry St.*
 Remarks,

If child is still alive, to be recovered as other times and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 7259

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 88

4. Place of Birth, (Street and Number)

1137 Bell St. Elderly St.

5. Full Name of Mother,

Theresa White

6. Mother's Maiden Name,

Kader

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Reg. W. White

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

Caroline Miller

Address,

1105 Walker St. Balto Md

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 7260

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) Negro

3. Date of Birth, Nov. 5. 88

4. Place of Birth, (Street and Number) 415 W. Dallas St.

5. Full Name of Mother, Georgia Garwood

6. Mother's Maiden Name, Pierce

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Garwood

9. Father's Occupation, Boxmaker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 205 Walker St. Balto. Md.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth A 7261

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 5 - 1898

4. Place of Birth, (Street and Number)

71254 Johnson St

5. Full Name of Mother,

Laura E. Johnson

6. Mother's Maiden Name,

" " " " " "

7. Mother's Birthplace,

Charleston, S. C.

8. Full Name of Father,

John T. Johnson

9. Father's Occupation,

Sanitary Engineer

10. Father's Birthplace,

Manchester, N. H.

Name of Medical Attendant, or other person who makes this Return.

Dr. J. M. Johnson

Address,

Remarks,

Subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures as provided by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 7262

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 5 Nov

4. Place of Birth, (Street and Number) 908 Granby St

5. Full Name of Mother, Mary Schuman

6. Mother's Maiden Name, " Fresh

7. Mother's Birthplace, Europe

8. Full Name of Father, Oscar Schuman

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Ulls'g

Address,

1302 Hollanold

Remarks,

Decided to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child. A. 7263

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5th 1882. 34

4. Place of Birth, (Street and Number) Baltimore, Md. 336 Parthen

5. Full Name of Mother, Katie Jankiewicz

6. Mother's Maiden Name, Kate Dekowski

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Jankiewicz

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return. Mary Kravinsky

Address, 414 South Stricker St. Baltimore, Md.

Remarks, Mother and child are doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethelinda Strayer Thompson
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 7264

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 5th 1888*
4. Place of Birth, (Street and Number) *30 S. Poppleton St.*
5. Full Name of Mother, *Laura F. Thompson*
6. Mother's Maiden Name, *Laura F. Leitch*
7. Mother's Birthplace, *Baltimore Co. Md.*
8. Full Name of Father, *J. Frank Thompson*
9. Father's Occupation, *U. S. Postal Clerk*
10. Father's Birthplace, *Howard Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *H. C. Phil. M. D.*
- Address, *1120 W. Fayette St. cor. Carrollton Av.*
- Remarks, *GIVEN NAME ADDED 2-15-54*

h. m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A 7266

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Nov 4 50

4. Place of Birth (Street and Number), Belair Ave

5. Full Name of Mother, Lena Buchler

6. Mother's Maiden Name, Lena Sutz

7. Mother's Birthplace, Germany

8. Full Name of Father, Lernand Buchler

9. Father's Occupation, Boat Driver

10. Father's Birthplace, Germany

11. Name of Medical Attendant, or other person who makes this Return, Mrs Brune

Address, 1600 E Lister St Belair Ave

Remarks, _____

For each offense, to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd 7266*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 6th*

4. Place of Birth, (Street and Number) *717 W. German st.*

5. Full Name of Mother, *Louisa Reitze*

6. Mother's Maiden Name, *" Thies*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Justus Reitze*

9. Father's Occupation, *Germany*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return *L. L. Bndelantoh*

Address, *418 S. Pacat st.*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anne Gordon

Winchester

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 7267

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 6th 1888

4. Place of Birth, (Street and Number)

S. E. corner Maryland Av. & 2d Street

5. Full Name of Mother,

Elizabeth McComb Winchester

6. Mother's Maiden Name,

Jane Elizabeth McComb

7. Mother's Birthplace,

Wilmington (Delaware)

8. Full Name of Father,

Jaynes Rice Winchester

9. Father's Occupation,

Bank Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

W. P. O. Milburne

Address,

814 Park Avenue

Remarks,

GIVEN NAME ADDED 12-31-53

h.s.m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

7268

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, November 6th 1888

4. Place of Birth (Street and Number), N^o 1534 Syrd St.

5. Full Name of Mother, Francis Schaefer

6. Mother's Maiden Name, Francis Hanning

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christopher Schaefer

9. Father's Occupation, Journeyman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Hanning

Address, N^o 1517 Syrd St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A. 7269*
- Sex, (state whether male or female) *Male*
- Race or color, (if not of the white race) *White*
- Date of Birth, *6th November 1898*
- Place of Birth, (Street and Number) *West Street 108*
- Full Name of Mother, *Esther Melmanke*
- Mother's Maiden Name, *Little*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Joseph Melmanke*
- Father's Occupation, *Shoemaker*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Madeline Edmeyer*
- Address, *West Street No 434*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 7270

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6 1888

4. Place of Birth, (Street and Number) Baltimore 113 Warren Ave.

5. Full Name of Mother, Mary Hamilton

6. Mother's Maiden Name, Mary Mains

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Hamilton

9. Father's Occupation, Grocer Dealer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs E Donaldson

Address, 214 E Winder St Baltimore

Remarks, Mother and child are doing well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

A 7271

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 1 Nov.

4. Place of Birth, (Street and Number) 2217 Boyer St

5. Full Name of Mother, Rose Taylor

6. Mother's Maiden Name, " Garvey

7. Mother's Birthplace, Balto.

8. Full Name of Father, Samuel Taylor

9. Father's Occupation, Car Driver

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Illbric

Address,

1309 Holland St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother (state whether 1st, 2d, 3d, &c.) *First* *A. 7272*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *6th November 1888*

4. Place of Birth (Street and Number) *207 W. Henrietta St*

5. Full Name of Mother *Mrs Sarah J. Allen*

6. Mother's Maiden Name *Miss Sarah J. Brown*

7. Mother's Birthplace *Baltimore City Md.*

8. Full Name of Father *Charles Allen*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore City Md.*

● Name of Medical Attendant, or other Person who makes this Return *D. D. Ogden and Sarah Wilson*

Address *224 W. Hill St.*

Remarks *Led down for twenty hours Labor*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 7273

Sex, (state whether male or female) girl

Race or color, (if not of the white race) white

Date of Birth, 6 Nov Baltimore

Place of Birth, (Street and Number) Baltimore 1020 Boyd Street

Full Name of Mother, Nora Louise

Mother's Maiden Name, Nora Insley

Mother's Birthplace, Ireland

Full Name of Father, James Louise

Father's Occupation, Labourer

Father's Birthplace, Ireland

Name of Medical Attendant, Catharine Mitchell
or other person who makes this Return.

Address, No. 112 Baltimore Street

Remarks, Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 7274

Sex, (state whether male or female) girl

2. Race or color, (if not of the white race) white

3. Date of Birth, Baltimore

4. Place of Birth, (Street and Number) November 6th 1888

5. Full Name of Mother, Maggie Nolan

6. Mother's Maiden Name, Maggie Bowen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis Nolan

9. Father's Occupation, Policeman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No. 112 Hollander Street

Remarks, Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *17th Child. A. 7275*

1. Sex, (State whether male or female) *Girl*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *6th of November 1883.*

4. Place of Birth, (Street and Number) *1723 East Pratt street.*

5. Full Name of Mother, *Suzan M. Casler.*

6. Mother's Maiden Name, *Susan M. Schriefer*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Nick Schriefer.*

9. Father's Occupation, *Beer Brewer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return. *Cecilia Kunkel.*

Address, *213 North Chapel St. per Justina Kunkel.*

Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7276

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Cold

3. Date of Birth,

Nov 6, '88

4. Place of Birth, (Street and Number)

215 Drexel St

5. Full Name of Mother,

Melvin Dorsey

6. Mother's Maiden Name,

Melvin Smith

7. Mother's Birthplace,

Va

8. Full Name of Father,

Jas Dorsey

9. Father's Occupation,

Crochman

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return.

John Woodland

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

A 7277

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

November 6th 1888

4. Place of Birth. (Street and Number)

219 H. Ave St. Balto Md

5. Full Name of Mother,

Mrs Thesia Grace Franklin

6. Mother's Maiden Name,

Thesia " Stoecker

7. Mother's Birthplace,

136 North W. St. Balto Md

8. Full Name of Father,

Richard Franklin

9. Father's Occupation,

Bucklayer

10. Father's Birthplace,

273 E Lombard St. Balto Md

Name of Medical Attendant, or other person who makes this Return.

Mrs H. Knowles

Address,

1729 E Pratt

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. 7278*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 26, 1888*
4. Place of Birth, (Street and Number) *No 25 G. Church St*
5. Full Name of Mother, *Bessie Robinson*
6. Mother's Maiden Name, *Princess - George - County*
7. Mother's Birthplace, *Bosnia West*
8. Full Name of Father, *Wesley Robinson*
9. Father's Occupation, *House man*
10. Father's Birthplace, *Colbert County, Miss.*
- Name of Medical Attendant, *Julius Dickson*
or other Person who makes this Return.
- Address, *No 124 G. Church St*
- Remarks, *still*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

A-7279

Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *6 Nov.*

4. Place of Birth, (Street and Number) *315 Lewis St*

5. Full Name of Mother, *Annie Feige*

6. Mother's Maiden Name, *Lehman*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *August Feige*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return.

Mr. Ross Ullig

Address,

1302 Hollands Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.* *A. 7280*

1. Sex, (state whether male or female) *Male.*

2. Race or color, (if not of the white race) *White race*

3. Date of Birth, *Novem. 9/88*

4. Place of Birth, (Street and Number) *464. Cross St.*

5. Full Name of Mother, *Octli. Wienhold.*

6. Mother's Maiden Name, *Thim*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *August. Wienhold.*

9. Father's Occupation, *Labo.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return, *Annie. Green.*

Address, *No. 1714. Light St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 7281

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 6th 1888.

4. Place of Birth, (Street and Number)

1033 N. Eutaw

5. Full Name of Mother,

Irene Adelsberge-

6. Mother's Maiden Name,

Eymann

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Bernard Dwyer Adelsberger

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return.

J. H. Christian M.D.

Address,

1821 Madison Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd A 7282*
1. *Female* (state whether male or female)
2. *White* Race or color (if not of the white race)
3. *7th of Nov.* Date of Birth
4. *248 S. Caroline St.* Place of Birth, (Street and Number)
5. *Mary Donohue* Full Name of Mother
6. *Wirth* Mother's Maiden Name
7. *Baltimore* Mother's Birthplace
8. *James Donohue* Full Name of Father
9. *Shipping Clerk* Father's Occupation
10. *Baltimore* Father's Birthplace
- Sarah Casper* Name of Medical Attendant, or other person who makes this Return
- 1032 Granby St* Address
- Remarks

Any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other than and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 7283

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 7 - 88

4. Place of Birth, (Street and Number) 2942 Andrew St.

5. Full Name of Mother, Elizabeth P. McConick

6. Mother's Maiden Name, " " Brown

7. Mother's Birthplace, America

8. Full Name of Father, Wm H. McConick

9. Father's Occupation, Agent

Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Frank C. Green

Address, 1713 Bank St.

Remarks, Weight - 18 lbs.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same as in the case of a birth, and for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A. 7284

1. Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth,

Nov 7th 188.

4. Place of Birth (Street and Number),

714 W. Fayette St.

5. Full Name of Mother,

Amelia Kline,

6. Mother's Maiden Name,

Amelia Schuchard,

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Acch. D. Kline,

9. Father's Occupation,

Merchant,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

John A. Kline, M.D.

Address,

662 W. Lexington St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 7285

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

November 7th 1888.

4. Place of Birth (Street and Number),

Woodberry Lane

5. Full Name of Mother,

Nellie Bowersox

6. Mother's Maiden Name,

Nellie Jones

7. Mother's Birthplace,

New York

8. Full Name of Father,

Albert G. Bowersox

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

D. L. Williams M.D.

Address,

244 Carroll St.

Remarks,

Northemly Balt.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Lechler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d A 7286

1. Sex (state whether male or female),

Female.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

November 7th 1888.

4. Place of Birth (Street and Number),

1562 St. Carey st.

5. Full Name of Mother,

Catharine Lechler.

6. Mother's Maiden Name,

Catharine Legans.

7. Mother's Birthplace,

Philadelphia.

8. Full Name of Father,

Charles H. Lechler.

9. Father's Occupation,

Solicitor.

10. Father's Birthplace,

Philadelphia.

Name of Medical Attendant, or other person who makes this Return.

John C. Cunningham M.D.

Address,

804 St. Louis St. A

Remarks,

GIVEN NAME ADDED.

10-1-53

under the provisions of the Act of the Board of Health, in the manner and within the period above required, and any such return or statement shall be subject to the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* A. 7257
2. Sex, (State whether male or female) *Female*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *Nov 7th 1888*
5. Place of Birth, (Street and Number) *Baltimore Towson St 134 2nd East Point*
6. Full Name of Mother, *Annie Sanders*
7. Mother's Maiden Name, *Annie Deschinger*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *William H. Sanders*
10. Father's Occupation, *Seaboard*
11. Father's Birthplace, *Yarmouth Nova Scotia*
12. Name of Medical Attendant, or other person who makes this Return, *Mrs. Ettel*
13. Address, *1619 Guba St*
14. Remarks, *Baltimore*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 7288

2. Sex, (State whether male or female)

Female

3. Race or color, (if not of the white race)

White

4. Date of Birth,

7th Nov. 1888

5. Place of Birth, (Street and Number)

112 North Unity St.

6. Full Name of Mother,

Kate Kullen

7. Mother's Maiden Name,

Kate Lam

8. Mother's Birthplace,

Ireland

9. Full Name of Father,

Thos. Kullen

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this return.

Mrs. Dummer

Address,

217 North Schroeder St.

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

A 7289

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 7th 1858

4. Place of Birth, (Street and Number)

No 40 Carlton Ave

5. Full Name of Mother,

Estina Sorg

6. Mother's Maiden Name,

Estina Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Sorg

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return,

Mrs E Dumas

Address,

No 1921 W Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child ⁷²⁹⁰
Male.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

1419 William st.
Nov 7 — 1888.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Cble.
Proesko.

6. Mother's Maiden Name,

7. Mother's Birthplace,

America.
George Cble.

8. Full Name of Father,

9. Father's Occupation,

Cabinet-maker.
America.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

J. Schuysser. Midwife.
1032 Canover st.

Address,

Remarks,

any such person or persons who shall neglect to file this Return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A 7291

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 14 1888

4. Place of Birth, (Street and Number)

4800 Villen St

5. Full Name of Mother,

Mary Sheehan

6. Mother's Maiden Name,

McHugh

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James J. Sheehan

9. Father's Occupation,

Barber

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Dr. J. J. Pennington

Address,

1058 E. Monument St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *sixth child* 7272

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 7th 1888.*

4. Place of Birth, (Street and Number) *1202 Jefferson St.*

5. Full Name of Mother, *Ida Church*

6. Mother's Maiden Name, *Leach*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *George H. Church*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. Gause M.D.*

Address, *439 N. Central Ave.*

Remarks,

GIVEN NAME ADDED 7-10-59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother *Samuel Francis Ellinghaus* (state whether 1st, 2d, 3d, &c.) *Fifth (5) Child* 7293

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 7th 1888.*

4. Place of Birth, (Street and Number) *1202 Jefferson St*

5. Full Name of Mother, *Mary Cecilia Ellinghaus*

6. Mother's Maiden Name, *Sauer*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Fred. Wm. Ellinghaus*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Francis A. Sauer M.D.* or other Person who makes this Return.

Address, *439 N. Central Ave.*

Remarks,

or persons who shall hereafter be in cases with willful neglect or forfeiture are recoverable, for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

13 Child 7274
Female

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 7 - 1888.

4. Place of Birth, (Street and Number)

614 Hamburg St.

5. Full Name of Mother,

Mary Harvedel.

6. Mother's Maiden Name,

(Schmidt.)

7. Mother's Birthplace,

America

8. Full Name of Father,

August Schmidt.

9. Father's Occupation,

Guard master.

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser, Midwife.

Address,

1032 Hanover St.

Remarks,

Each person or persons who shall herein be named as the mother or fathers of a child born in Baltimore City, and who shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th A. 7290

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1887 8th Nov

4. Place of Birth, (Street and Number)

610 S. Washington St.

5. Full Name of Mother,

Anna M. Rhodes

6. Mother's Maiden Name,

" " Noel

7. Mother's Birthplace,

Illinois

8. Full Name of Father,

Charles Rhodes

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Sweden

Name of Medical Attendant, or other Person who makes this Return.

J. L. Martin

Address,

226 S. Bay

Remarks,

or persons for each offense to be recovered as other laws and ordinances are

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 7296

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 8 Oct.

4. Place of Birth, (Street and Number) 1438 E. Monument St.

5. Full Name of Mother, Lina Goldschmidt

6. Mother's Maiden Name, " Fuld

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Goldschmidt

9. Father's Occupation, Clerk

10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Rose Miller

Address,

302 Hollander St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is the First Child*
1. Sex, (state whether male or female) *Male Child* *7297*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Born 8th Nov 1888*
4. Place of Birth, (Street and Number) *306 Pearl St City*
5. Full Name of Mother, *Allilian R. Bushong*
6. Mother's Maiden Name, *Allilian R. Tompkins*
7. Mother's Birthplace, *Charla County Ind*
8. Full Name of Father, *Thomas J. Bushong*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Ashland Co. Va*
- Name of Medical Attendant, or other person who makes this Return, *Mrs W Maunel Medway*
- Address, *943 Poma ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third* *A. 7298*
1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *November 8 1888*
 4. Place of Birth, (Street and Number) *Balto at 115 E 1st st*
 5. Full Name of Mother, *Emma Virginia Murphy*
 6. Mother's Maiden Name, *Emma Virginia Sandel*
 7. Mother's Birthplace, *Balto city*
 8. Full Name of Father, *Michael F. Murphy*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Balto, city*
- Name of Medical Attendant, or other person who makes this Return. *Miss Conway*
- Address, _____
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered in other cases and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *A. 7299*
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Nov 8th /88*
4. Place of Birth, (Street and Number) *Cor St Paul St. & Elmwood Lane*
5. Full Name of Mother, *Annie Quick Saddle*
6. Mother's Maiden Name, *Quick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Stone Saddle*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Dr. H. K. M. M. D.*
- Address, *1100 N. E. St.*
- Remarks,

lected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7300

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Hamburg near Eutaw

4. Place of Birth (Street and Number),

September 8th

5. Full Name of Mother,

Mrs Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Sarah Cooper

Address,

407 Hamburg St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A. 7307

1. Sex, (state whether male or female) -

Male
White

2. Race or color, (if not of the white race) -

3. Date of Birth,

Nov 8, 1888

4. Place of Birth, (Street and Number) -

405 Howard St
Emma A. Phillips

5. Full Name of Mother,

6. Mother's Maiden Name, -

" " Schilling

7. Mother's Birthplace, -

Baltimore

8. Full Name of Father,

Edgar A. Phillips

9. Father's Occupation, -

Wholesale Liquor Dealer

10. Father's Birthplace, -

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Frederick Garber M.D.

Address, -

414 N. Charles St

Remarks, -

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 7302

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

November 8th 1888

4. Place of Birth, (Street and Number)

118 Acquist St.

5. Full Name of Mother.

Lucibel Howard

6. Mother's Maiden Name.

Lucibel Sanders

7. Mother's Birthplace.

Frankford Kentucky

8. Full Name of Father.

George H. Howard

9. Father's Occupation.

Janitor

Father's Birthplace.

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

A. G. Statson

Address.

1301 N. Central Ave

Remarks.

with this person, and a person who has been convicted of a crime, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first for ~~mother~~ 303
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 8th / 1888

4. Place of Birth, (Street and Number)

501 E Monument St Bttr

5. Full Name of Mother,

Emma Westy

6. Mother's Maiden Name,

Emma Westy

7. Mother's Birthplace,

Winchester Pa.

8. Full Name of Father,

Ammon Cathcart

9. Father's Occupation,

Plasterer

Father's Birthplace,

Reymount, Pa.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Woodson.

Address,

936 Greenmount Ave.

Remarks,

or persons who shall deliver and in conformity with the provisions of the Act for the registration of births and deaths, and for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *16th Child* *7354*
- Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *November 8th - 1888.*
4. Place of Birth (Street and Number), *No. 303 Gorsuch Ave.*
5. Full Name of Mother, *Olevia Evans*
6. Mother's Maiden Name, *Olevia Cook*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *George W. Evans*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, *J. B. Hartman*
or other person who makes this Return.
- Address, *1137 York Road Baltimore*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 73.00

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 8 - 88

4. Place of Birth, (Street and Number) 1225 Bond St.

5. Full Name of Mother, Camille Earle

6. Mother's Maiden Name, Reynolds

7. Mother's Birthplace, America

8. Full Name of Father, John C. Earle

9. Father's Occupation, Practitioner

10. Father's Birthplace, America

Name of Medical Attendant, (or other Person who makes this Return) Frank C. Brackley

Address, 1713 Bond St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A 7306*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

or persons who shall hereafter, and to comply with the provisions of the Act, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. A 7307

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Easter eve 1906

4. Place of Birth, (Street and Number) 8. Nov

5. Full Name of Mother, Franco bilger

6. Mother's Maiden Name, Franco Casper

7. Mother's Birthplace, barier

8. Full Name of Father, Lutwig bilger

9. Father's Occupation, Kooper with

10. Father's Birthplace, barier

Name of Medical Attendant, or other Person who makes this Return. Schumann

Address, 827 south bond

Remarks, _____

If persons who shall hereafter fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are recoverable.

any such picture of poisons was what McClellan had to supply with the provisions of this section shall be deducted to the five of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such picture of poisons was what McClellan had to supply with the provisions of this section shall be deducted to the five of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 7308

Final

White

Nov. 9/88

1717 Guilford Ave

Sarah L. Dybbon

Collins

Colony
Balt. Co. Md

George H D. Doane

Lumber Merchant

Baltimore

Thos Opie M.D.

Geo. N. Howard

CITY CENTERS AND STATIONS ARE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Child A 7309
Little Boy

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 9th of Dec 1888

4. Place of Birth, (Street and Number)

at 2003 Mc. Kinay st

5. Full Name of Mother,

Mrs. Herman

6. Mother's Maiden Name,

Miss. Hill

7. Mother's Birthplace,

Born West Prussian

8. Full Name of Father,

Mr. Herman

9. Father's Occupation,

Pastry

10. Father's Birthplace,

West Prussian Germany

Name of Medical Attendant, or other person who makes this return.

Mrs. Hiller

Address,

2127 West Pratt st

Remarks,

any such person or persons who shall neglect to file the preceding report, or who shall neglect to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female
Col

May 9 1888

211 Barclay St

Mary Simmons

Mary Thomas

Ms
Wm Thomas

Writer

Ms

Jane Woodland

A 7310

Missing # A 7311

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 73/12

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 9th 1888

4. Place of Birth, (Street and Number)

1617 E. Madison St

5. Full Name of Mother,

Emma Kuehn

6. Mother's Maiden Name,

Stenhausen

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Ernst Kuehn

9. Father's Occupation,

Printer Office

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Waller

Address,

303 N. Carroll

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*

7313

Sex, (~~state whether male or female~~)

~~Race or~~ Color, (if not of the white race)

Date of Birth, *Nov 9 88.*

Place of Birth, (Street and Number)

1343 Battery Ave.

Full Name of Mother,

Mrs Anna Whittle

Mother's Maiden Name,

Anna Frederick

Mother's Birthplace,

Baltimore

Full Name of Father,

George Whittle

Father's Occupation,

Clerk

(1) Father's Birthplace,

MD -

Name of Medical Attendant,

or other Person who makes this Return

Dr. Anna L. Kuhn.

Address,

1435 Light St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 A 7314

☒ Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 9th 1911

4. Place of Birth, (Street and Number)

Baltimore, Md. Street 906

5. Full Name of Mother,

Cassie Gordon

6. Mother's Maiden Name,

Cassie O'Brien

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. Gordon

9. Father's Occupation,

Boat Builder

☒ Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Woodson

Address,

936 Greenmount. H.V.

Remarks,

or persons who shall hereafter be required to be recovered as other fees and foritures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

9th of November

4. Place of Birth, (Street and Number)

117 Ding St

5. Full Name of Mother,

Mary Martha Scott

6. Mother's Maiden Name,

Martha Richardson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Scott

9. Father's Occupation,

Color

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary Jane Richardson

Address,

315 Ding Street

Remarks,

Daired by Will

A 7315

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 7316
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, November 9th 1888
 Place of Birth, (Street and Number) 1028 Saratoga St
 Full Name of Mother, Hannah Smeek
 Mother's Maiden Name, Hannah Wilson
 Mother's Birthplace, Backs Md
 Full Name of Father, W. D. Smeek
 Father's Occupation, Clock
 Father's Birthplace, Backs Md
 Name of Medical Attendant, or other Person who makes this Return, J. J. Shinner M.D.
 Address, _____
 Remarks, _____

of persons who shall be liable to be recovered in other cases and for purposes are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. 1 Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A 73.17

1. Sex, (state whether male or female)

M-

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov 9-1888

4. Place of Birth, (Street and Number)

415 Aisquith

5. Full Name of Mother,

Sarah Brady Beale

6. Mother's Maiden Name,

" " Forest

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Burnett Beale

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Irving Miller MD

Address,

1407 E Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A 7318*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Nov. 9th 1888*
5. Place of Birth, (Street and Number) *232 D. Patterson Park Ave.*
6. Full Name of Mother, *Isis C. Treide*
7. Mother's Maiden Name, *Hinters*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *George C. Treide*
10. Father's Occupation, *Merchant*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other person who makes this Return, *James C. McNamee, M.D.*
13. Address, *2225 E. Pratt St.*
14. Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A-7319*
- Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Aug 18 88*
4. Place of Birth (Street and Number), *Hollins St near Fulton St*
5. Full Name of Mother, *Susan Coolidge*
6. Mother's Maiden Name, *Susan Thompson*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *David Coolidge*
9. Father's Occupation, *Clerk*
10. ● Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other person who makes this Return, *J. W. Kneass*
- Address, *607 S. Charles St*
- Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th Child A 7320*
2. Sex, (state whether ~~male~~ or female) _____
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *November 9th 1888*
5. Place of Birth, (Street and Number) *Fairmount Ave No 1415*
6. Full Name of Mother, *Lizzie Sachs*
7. Mother's Maiden Name, *Lizzie Tang*
8. Mother's Birthplace, *Baltimore City*
9. Full Name of Father, *Theodore Sachs*
10. Father's Occupation, *Taylor*
11. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *Karl E. Müller*
- Address, *N. Dallas St No 174*
- Remarks, _____

any such person as is herein provided shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Rust Turner Hedeman. A. 7621
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Nov. 10/85
 4. Place of Birth (Street and Number) 724 Lymanmount Ave.
 5. Full Name of Mother Hedeman
 6. Mother's Maiden Name Black
 7. Mother's Birthplace Maryland
 8. Full Name of Father Henry H. Hedeman
 9. Father's Occupation Clerk
 10. Father's Birthplace Maryland
 Name of Medical Attendant, or other Person who makes this Return. W. B. Riddle
 Address 567 Harbor Ave.
 Remarks GIVEN NAME ADDED, 9-29-83

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th - Child* 7322

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *November 10th - 1888.*

4. Place of Birth (Street and Number), *No 1228 Barclay St.*

5. Full Name of Mother, *Kate - McGreevy*

6. Mother's Maiden Name, *Kate - Ryan*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas J. McGreevy*

9. Father's Occupation, *Milk Business*

10. Father's Birthplace, *England*

Name of Medical Attendant, *J. B. Hartman*
or other person who makes this Return.

Address, *1137 York Road Baltimore*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd - Δ 7323

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov. 10th 1888

4. Place of Birth (Street and Number),

707 Hazard street

5. Full Name of Mother,

May G. Brown

6. Mother's Maiden Name,

Hanning

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

William E. J. F. Brown

9. Father's Occupation,

Painter

● Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Edward P. M. M. M. M.

Address,

208 Arsy with st.

Remarks,

who shall hereafter fail to comply with the provisions of this act shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

71324

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *November 10th*

4. Place of Birth, (Street and Number) *Baltimore Decatur & Marion Sts 1130*

5. Full Name of Mother, *Kate G. Donald*

6. Mother's Maiden Name, *Kate Welsh*

7. Mother's Birthplace, *Leeds Yorkshire England*

8. Full Name of Father, *William G. Donald*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Armagh Ireland*

Name of Medical Attendant, *Mrs. Estell*
or other person who makes this Return.

Address, *1619 Calver St*

Remarks, *Baltimore*

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 7325
- Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan 11 1877
4. Place of Birth (Street and Number), St. Paul, East Hill
5. Full Name of Mother, Mrs. Elizabeth
6. Mother's Maiden Name, Wolfe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Single
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs. Taylor or other person who makes this Return.
- Address, No 41 Guilford Allen
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) *Third* *A. 7326*
1. Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *November 10th 1888*
4. Place of Birth (Street and Number), *1323 N. Stricker St-*
5. Full Name of Mother, *Ida Virginia Miller*
6. Mother's Maiden Name, *Ida Virginia Ashlock*
7. Mother's Birthplace, *Norfolk Va*
8. Full Name of Father, *William Henry Miller*
9. Father's Occupation, *Shoe & Sheet Iron Worker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *J. C. Summers*
- Address, *212 W. Franklin St*
- Remarks,

the Commissioner of Health, in his office, or in the office of the Registrar of Vital Statistics, Baltimore City, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.* A. 7327
 1. Sex, (State whether male or female) *male.*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *Apr. 10th. 88 3 P.M.*
 4. Place of Birth, (Street and Number) *1103 Federal St.*
 5. Full Name of Mother, *Mary E. Shawbridge.*
 6. Mother's Maiden Name, *Thorne*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *John B. E. Shawbridge deceased.*
 9. Father's Occupation, *Iron Moulder.*
 10. Father's Birthplace, *Amisville, Harford Co. Md.*
 Name of Medical Attendant, or other person who makes this Return, *Capt J. H. McMD.*
 Address, *1444 Harford Ave.*
 Remarks, *Presentation R. O. S. Presentation Perls.*

any such person or persons, who shall be called to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A

7328

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 10 - 88

4. Place of Birth, (Street and Number)

Cor Wolf & Canton Ave.

5. Full Name of Mother,

Barbara Schneider

6. Mother's Maiden Name,

"

Schmidt

7. Mother's Birthplace,

City

8. Full Name of Father,

Chas. J. Schneider

9. Father's Occupation,

Painter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Frank C. Bricker

Address,

1713 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 7629*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov. 10 1888*
4. Place of Birth, (Street and Number) *1007 Eutaw St*
5. Full Name of Mother, *Elizabeth Whetley*
6. Mother's Maiden Name, *Elizabeth Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Whitley*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Worcester County Md*
- Name of Medical Attendant, or other Person who makes this Return, *Catherine Kiley*
- Address, *1126 Russell St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 7330

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov - 10 - 88

4. Place of Birth, (Street and Number) 707 E. Lombard

5. Full Name of Mother, Jane Edwards

6. Mother's Maiden Name, Concannon

7. Mother's Birthplace, Ireland

8. Full Name of Father, Joseph M. Edwards

9. Father's Occupation, Hotel Keeper

10. Father's Birthplace, American

Name of Medical Attendant, (or other Person who makes this Return) Dr. R. C. Doherty

Address, 1713 Dand St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 7331

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1241 Cross St.

4. Place of Birth, (Street and Number) 10th November 1885

5. Full Name of Mother, Bridget McCarthy

6. Mother's Maiden Name, Bridget Quade

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick McCarthy

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, McCormac

Address, 413 S. Poppleton St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 13,727 332

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

November 10th, 1888

4. Place of Birth (Street and Number),

No. 2044 East Monument St.

5. Full Name of Mother,

Mrs. Alice Hochman

6. Mother's Maiden Name,

Miss Alice Keinstendorff

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. John Jacob Hochman

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return,

Wm. H. Claudineau, M.D.

Address,

1700 East Fayette St. Cor Broadway

Remarks,

Who send herewith full to comply with this provision of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5

A

7333

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

10th of November

4. Place of Birth, (Street and Number)

707 E. Lombard St.

5. Full Name of Mother,

Jane Edwards

6. Mother's Maiden Name,

Murray

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Joseph Edwards

9. Father's Occupation,

Saloon - Keeper

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Grant St

Remarks,

jected to the line of ten - no mothers for each child; to be received as child's and mother's are recoverable.

or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the same fine and imprisonment as provided for persons who shall violate any provision of this chapter.

[illegible][illegible]

or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to a fine for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fall to comply with the provisions of this section, shall be subject to the same penalties and forfeitures as other fines and forfeitures are recoverable.

for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall heretofore fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter all to comply with the provisions of this act, and for each offence to be recovered as other fines and forfeitures are recovered.

report for any failure to comply with the provisions of this Act, or persons who shall hereafter fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are.

or persons who shall hereafter fail to comply with the provisions of this act, or for each offence to be recovered as other fines and forfeitures.

or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100 for each offence to be recovered as other fines are now recovered.

report as being the cause of the injury, or persons who shall hereafter fall to ground for each offence to be recovered as other

or persons who shall hereafter in-
for each offence to be recovered a

of persons who shall here-
for each offence to be rece-

for each offered to

reporting the
of income
for each of

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

A 7325

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 11

4. Place of Birth (Street and Number) Central Ave. 421

5. Full Name of Mother Johanna Powers

6. Mother's Maiden Name Lewis

7. Mother's Birthplace Ireland

8. Full Name of Father John Powers

9. Father's Occupation Policeman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Guy

Address #208 N Bond St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A 7336

Sex, (state whether male or female) male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 11, 88

4. Place of Birth, (Street and Number) 1413 N. Ann St.

5. Full Name of Mother,

Mary Jahn

6. Mother's Maiden Name,

" L Banke

7. Mother's Birthplace,

Balto Ind

8. Full Name of Father,

John Jahn

9. Father's Occupation,

Butter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Caroline Miller

Address,

605 Walker St. Balto. Ind.

Remarks,

Printed to the line of ten (10) dollars for each sentence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Primipara 7338

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 11th 1888. 2 30 P.M.

4. Place of Birth, (Street and Number)

223 Vincent St

5. Full Name of Mother,

Mary A. Worland

6. Mother's Maiden Name,

Mary A. Hines

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Worland

9. Father's Occupation,

Felt Hatter

10. Father's Birthplace,

Prusa

Name of Medical Attendant, or other person who makes this Return.

A. H. Hatten, M.D.

Address,

1135 Lynden St

Remarks,

If the child is not recovered, and the mother is not recovered, with the permission of the Registrar, the child may be buried in the City of Baltimore, and the mother may be recovered.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7334

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *November 11th*

4. Place of Birth, (Street and Number) *Ramsay St 766*

5. Full Name of Mother, *Katie Koch*

6. Mother's Maiden Name, *Katie Heiber*

7. Mother's Birthplace, *Philadelphia Pa. U.S.A.*

8. Full Name of Father, *Ferdinand Koch*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. L. M. M.*

Address, *217 North Schorder St.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

1. Sex, (state whether male or female)

female

A 7340

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 11 1888

4. Place of Birth, (Street and Number)

1019 Hares Coat

5. Full Name of Mother,

Millie Griffin

6. Mother's Maiden Name,

Millie Roberson

7. Mother's Birthplace,

Pickman A

8. Full Name of Father,

John H Griffin

9. Father's Occupation,

Head Carriek

10. Father's Birthplace,

Duquoin Ann Co. Ill

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Sayle

Address,

807 Madison St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13 (Twins) 7341

Sex, (State whether male or female)

Boys
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 11, 1891

4. Place of Birth, (Street and Number)

1242 S. Calver St

5. Full Name of Mother,

Anna M. Braun

6. Mother's Maiden Name,

" " Wendsun

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul Braun

9. Father's Occupation,

Greenman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Thaddeus C. C. C.

Address,

1242 Calver St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Nov 13. 1888.

7342

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (State whether male or female) *Female.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *Balto Nov 11. 1888.*

4. Place of Birth, (Street and Number) *319 South Han St.*

5. Full Name of Mother, *Barbara Saur*

6. Mother's Maiden Name, *Barbara Kutzler.*

7. Mother's Birthplace, *America.*

8. Full Name of Father, *August Saur.*

9. Father's Occupation, *Welder.*

10. Father's Birthplace, *America.*

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary A. Saur.

Address, *100 N. Wolfe St.*

Remarks, *4*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A. 7343

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 11th / 88

4. Place of Birth, (Street and Number)

1230 Holland St

5. Full Name of Mother,

Julia Anna O'Connor

6. Mother's Maiden Name,

" " O'Connell

7. Mother's Birthplace,

Charlotte N. C.

8. Full Name of Father,

William L. O'Connor

9. Father's Occupation,

Druggist

10. Father's Birthplace,

North Carolina

Name of Medical Attendant, or other Person who makes this Return.

J. B. Saunders M.D.

Address,

719 E. Chase St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Female

A. 7344

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 11th 1888

4. Place of Birth, (Street and Number)

N. W. Cor. Strickland & Mulberry
Lilly Haus.

5. Name of Mother,

Downes

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

John Haus.

8. Full Name of Father,

Salesman

9. Father's Occupation,

Balto

10. Father's Birthplace,

Thomas Opie M.D.
600 N. Howard St.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Noted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First. A 7240

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 12th /88

4. Place of Birth, (Street and Number)

912 E. Eager St

5. Full Name of Mother,

Ella Corrigan

6. Mother's Maiden Name,

Ella Worry.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Timothy Corrigan

9. Father's Occupation,

Shoe Cutter.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

J. B. Saunders M.D.

Address,

819 E. Chase St

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 B 7346

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Nov 12/88

4. Place of Birth, (Street and Number)---

332 N. Shock St
Leidia F. Haws

5. Full Name of Mother,

6. Mother's Maiden Name,

Dowds

7. Mother's Birthplace, -----

Baltimore

8. Full Name of Father,

John M. Haws

9. Father's Occupation, -----

Salesman

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Thomas D. McMD
600 N. Howard St

Address,

Remarks,

jected to the fine of ten and dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1
Male

Col

Nov 12/85

26 Edmund St

Mary Riley

Mary Brown

Ind

Joe Riley

Suburban

Ind

James M. Williams

7347

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 7342

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 12th 1888

4. Place of Birth (Street and Number),

Lincoln St

5. Full Name of Mother,

Frank E. White

6. Mother's Maiden Name,

Frank E. Brimmer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles P. White

9. Father's Occupation,

Librarian

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. J. H. C. Hall

Address,

116 Lincoln St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. Race or color, (if not of the white race)

3. Date of Birth, Nov. 12. 1888

4. Place of Birth, (Street and Number) 1735 W. Dallas St

5. Full Name of Mother, Hale Perning

6. Mother's Maiden Name, Schmitt

7. Mother's Birthplace, Germany

8. Full Name of Father, George Perning

9. Father's Occupation, Stone cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Caroline Miller

Address, 1605 Walker Balto Md

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *A. 7350*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov. 12 1888*

4. Place of Birth, (Street and Number) *#420 Oak Federal St*

5. Full Name of Mother, *Annie Griffin*

6. Mother's Maiden Name, *Annie Smith*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Thomas Griffin*

9. Father's Occupation, *Conductor N. & A. R. R.*

Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other person who makes this Return. *Dr. George Lewis Stallen*

Address, *#1628 Calver St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th A. 7357

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Nov. 12th

4. Place of Birth, (Street and Number)---

607 Warner St.

5. Full Name of Mother,

Louisa B. Jones

6. Mother's Maiden Name,

" Jones

7. Mother's Birthplace,

Newark, N. J.

8. Full Name of Father,

Winfield Jones

9. Father's Occupation,

Collar-maker

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

C. L. Brudenorth

Address,

418 S. Paca St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

A. 7352

1. Sex (~~state whether male or female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, Nov 12/88

4. Place of Birth (Street and Number), Baltimore University Hospital

5. Full Name of Mother, Delia Hoffman

6. Mother's Maiden Name, Delia McHale

7. Mother's Birthplace, Ireland

8. Full Name of Father, Fred H. Hoffman

9. Father's Occupation, Butcher

10. Father's Birthplace, Philadelphia Penn.

Name of Medical Attendant, or other person who makes this Return, Arthur A. Hoopman M.D.

Address, Baltimore University Hospital

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

A 7653

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) balanced

3. Date of Birth, November 12 1888

4. Place of Birth, (Street and Number) 1823 Rice Street

5. Full Name of Mother, Mary Jane Rockwell

6. Mother's Maiden Name, Mary Jane Anderson

7. Mother's Birthplace, Calvert County, Md

8. Full Name of Father, Benjamin Rockwell

9. Father's Occupation, Carpenter

Father's Birthplace, Calvert County, Md

Name of Medical Attendant, or other person who makes this return.

Mary J. Jones

Address, 1234 ...

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 7354

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 12 November

4. Place of Birth, (Street and Number) 809 Beach Alley

5. Full Name of Mother, Emilie Planter

6. Mother's Maiden Name, Emilie Bailey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Planter

9. Father's Occupation, Stevedore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Baker

Address, 142 York Street

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second* *A. 7363*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 12 to 1888*
4. Place of Birth (Street and Number) *1817 W. Baltimore St*
5. Full Name of Mother *Alma Kinsley*
6. Mother's Maiden Name *Alma Brown*
7. Mother's Birthplace *Canada*
8. Full Name of Father *George R. Kinsley*
9. Father's Occupation *Carrriage Builder*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *J. T. Boulton M.D.*
Address *1047 Hollins St*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male ~~or~~ female) _____

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* A 7357

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov 13 1881*

4. Place of Birth, (Street and Number) *421 Calapsook*

5. Full Name of Mother, *Lena Cathall*

6. Mother's Maiden Name, *Wachman*

7. Mother's Birthplace, *N York*

8. Full Name of Father, *Charles Cathall*

9. Father's Occupation, *Coal-maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Sharon Baker M.D.*

Address, *740 N Charles*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child A. 7358*
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *Colored Race*
3. Date of Birth, *Nov 13 1888*
4. Place of Birth, (Street and Number) *No 13 Shuter st*
5. Full Name of Mother, *Annie Johnson*
6. Mother's Maiden Name, *Annie Colfort*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Johnson*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Eastern shore*
- Name of Medical Attendant, or other person who makes this Return, *Lorcinidia Woolford*
- Address, *4132 Register st*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7309

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 1st

4. Place of Birth, (Street and Number)

300 South Dallas Street

5. Full Name of Mother,

Annie Louisa Thomas

6. Mother's Maiden Name,

Annie Louisa Lee

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Henry Thomas

9. Father's Occupation,

Heater or Grocer

Father's Birthplace,

Talbot County

Name of Medical Attendant, or other Person who makes this Return.

Georgianna Webb

Address,

24 Iron Alley

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-17-58
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Stuart J. Whitmarsh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First. A. 7362

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 13TH, 1888.

4. Place of Birth (Street and Number)

2003 S. Druid Hill Avenue

5. Full Name of Mother

Annie E. Whitmarsh

6. Mother's Maiden Name

Peterson

7. Mother's Birthplace

England.

8. Full Name of Father

George Whitmarsh.

9. Father's Occupation

House - Painter

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Edw. W. Knight M.D.

Address

414 N. Greene

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Ottilia Warlitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 71361

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 6th 88

4. Place of Birth, (Street and Number)

117 N. High St.

5. Full Name of Mother,

Louise Warlitz

6. Mother's Maiden Name,

Louise Henninger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl L. Warlitz

9. Father's Occupation,

Travo maker

Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who
makes this Return

Mrs W. Maumell Midwifery

Address,

923 Penna ave

Remarks,

any such person of Baltimore, who shall breed or put to company with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

A. 7362

1. Sex (state whether male or female), Female
 2. Race or Color (if not of the white race), White
 3. Date of Birth, November 13th 1898
 4. Place of Birth (Street and Number), No 125 a slope st
 5. Full Name of Mother, Maggie Edelman
 6. Mother's Maiden Name, Maggie Miller
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Edelman
 9. Father's Occupation, Box Maker
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Catherine Hornung
- Address, No 1517 Cyrd st
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties as are provided for each offence, to be recovered as other fines and forfeitures are recoverable.

Who shall be charged with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-19-58
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edw. A. Holmes 4 *Δ* 7364
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),

Male

3. Date of Birth,
4. Place of Birth (Street and Number),

Nov. 13. 1888
511. N. Holmes St.
Elizabeth Holmes
Emerick
Balt.

5. Full Name of Mother,
6. Mother's Maiden Name,

Edwards Holmes
Merchant

7. Mother's Birthplace,
8. Full Name of Father,

Virginia
W. M. Wilson

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

1008 Mad. Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child. 7/36/5
Male.

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 13 — 1888.

4. Place of Birth, (Street and Number)

1413 Charles st.

5. Full Name of Mother,

Christine Roeth.
Reizlander

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Christian Roeth.

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3d A 7366

1. Sex, (state whether male or female) White Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov. 13th 1888

4. Place of Birth, (Street and Number) 28 South Caroline St.

5. Full Name of Mother, Sold Michalland

6. Mother's Maiden Name, Narrow

7. Mother's Birthplace, Stafford Co. Va.

8. Full Name of Father, Charles Michalland

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Norfolk Va.

Name of Medical Attendant, or other person who makes this Return. E. P. Brown M.D.

Address, 1835 E. Baltimore St.

Remarks, Child very feeble, about 7 1/2 months gestation

Penalty for non-compliance: For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

A 7367

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 13

4. Place of Birth, (Street and Number)

1028 Franklin St

5. Full Name of Mother,

Mrs. Agnes W. Dell

6. Mother's Maiden Name,

Laughlin

7. Mother's Birthplace,

City

8. Full Name of Father,

Jos W. Dell

9. Father's Occupation,

Paper Hanger

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

W F Hill M D

Address,

1001 Edinboro Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. If the return is made in violation of the provisions of this section, the return shall be void and the birth shall be considered as illegitimate.

12 MORE, MD.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 7368*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Nov. 13th 1888*
5. Place of Birth, (Street and Number) *512 North Chester Street*
6. Full Name of Mother, *Mamie T. McShane*
7. Mother's Maiden Name, *Chambers*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *John M. McShane*
10. Father's Occupation, *Draughtsman*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other person who makes this Return, *James J. McShane, M.D.*
13. Address, *2225 E. Pratt Street*
14. Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. *First A 7369*

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 14th

4. Place of Birth (Street and Number),

Belair Ave No 1520

5. Full Name of Mother,

Marie Mayer

6. Mother's Maiden Name,

Maria Bantzer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Mayer

9. Father's Occupation,

Butcher Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return.

Mrs. Brune

Address,

1600 W Chester & Belair Ave

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

For each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

A 7370

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

14th of November

4. Place of Birth (Street and Number),

70.2 North spring street

5. Full Name of Mother,

Julia E. Gray.

6. Mother's Maiden Name,

Julia E. Gray.

7. Mother's Birthplace,

Baltimore this city

8. Full Name of Father,

William H. Gray.

9. Father's Occupation,

Store

10. Father's Birthplace,

Richmond Va.

Name of Medical Attendant,

or other person who makes this Return.

Elizabeth Madamney

Address,

424 North register street

Remarks,

GIVEN NAME ADDED. 4-22-57
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

● Edward William Yeager
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A 7371
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth November 14th, 1888.
4. Place of Birth (Street and Number) 504 N. Pine St.
5. Full Name of Mother Annie Catherine Yeager
6. Mother's Maiden Name Snyder
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father George S. Yeager
9. Father's Occupation Barber
● Father's Birthplace Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.
Address. 414 N. Pine
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th A 7372

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14th 88

4. Place of Birth, (Street and Number)

#627 Madison Ave.

5. Full Name of Mother,

Millie Jane Jones

6. Mother's Maiden Name,

Darbins

7. Mother's Birthplace,

Solchester County

8. Full Name of Father,

James Wesley Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Solchester County

Name of Medical Attendant, or other Person who makes this Return,

Dr. H. Dickel, M.D.

Address,

1312 Chew St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Child* *A 7373*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *November 14 1888*
4. Place of Birth (Street and Number) *No 573 Union St*
5. Full Name of Mother *Mary Perkins*
6. Mother's Maiden Name *Mary Pearson*
7. Mother's Birthplace *in Germany*
8. Full Name of Father *William Perkins*
9. Father's Occupation *a Farmer*
10. Father's Birthplace *in Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Windsor Terrace, Baltimore*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

For each return to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d 71375

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race)

3. Date of Birth, Nov. 14th / 88

4. Place of Birth, (Street and Number) Yorkwood 1004

5. Full Name of Mother, Louis Ferguson

6. Mother's Maiden Name, W. Abbe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Ferguson

9. Father's Occupation, Painter

10. Father's Birthplace, Berger's

Name of Medical Attendant, Dr. Keirke or other person who makes this Return.

Address, W. 1004

Remarks,

For each return of a birth, the Registrar of Vital Statistics is entitled to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*

A. 7376

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Nov 11th*

4. Place of Birth, (Street and Number) *Welcome Aly 109*

5. Full Name of Mother, *Georganna Hayes*

6. Mother's Maiden Name, *Fisher*

7. Mother's Birthplace, *Calvert Co*

8. Full Name of Father, *Charles W. Hayes*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Darcus Simms

Address,

535 West Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or forfeiture for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Harry Joseph Johnson

A 7377

Male
White

Nov 14, 1888

609 S. Eglar St.

Mary E. Johnson

311 E. Pratt

Baltimore

Henry Johnson

Stone Cutter

Baltimore

Frederica Parker

GIVEN NAME ADDED 9-29-82

any person of legal age who shall register any birth, or the person who shall register any death, or the person who shall register any marriage, or the person who shall register any divorce, or the person who shall register any adoption, or the person who shall register any other event, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2d.* *A. 7378*

1. Sex, (state whether male or female) *Male.*

2. Race or color, (if not of the white race) *White race.*

3. Date of Birth, *Nov. 14/85*

4. Place of Birth, (Street and Number) *No. 2046. Hanover St.*

5. Full Name of Mother, *Maggie. Haggistan*

6. Mother's Maiden Name, *Hamburges.*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Mike Haggistan*

9. Father's Occupation, *Laboring man.*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return, *Arnie. Green*

Address, *No. 1714. Light St.*

Remarks, *Yours. Respectfully*

In case of a birth, the parents or other persons who are responsible for the birth, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c). *1st* *A. 7379*

Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 14th 1888*

4. Place of Birth, (Street and Number) *1428 Linden Ave.*

5. Full Name of Mother, *Laura E. Van'Daniker*

6. Mother's Maiden Name, *Givens*

7. Mother's Birthplace, *Pa.*

8. Full Name of Father, *Leon R. Van'Daniker*

9. Father's Occupation, *Engineer*

Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *W. Christian, M.D.*

Address, *1821. Madison Ave.*

Remarks,

SIZE NAME ADDED 4-19-60
 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Regina Ostendorf
 No. of Child of Mother. (State whether 1st, 2d, 3d, &c.) ~~3~~ 4th 7380

1. Sex, (State whether male or female) *Female.*
 2. Race or color, (if not of the white race) *White.*
 3. Date of Birth, *November 15th 1888.*

4. Place of Birth, (Street and Number) *221-5 Collington Ave.*

5. Full Name of Mother, *Mary Ellen Ostendorf*

6. Mother's Maiden Name, *Mary Ellen Jordan*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Henry S Ostendorf*

9. Father's Occupation, *Box manuf*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other person who makes this Return, *Edw J Wilson.*

Address, *814 & 820 Park Ave.*

Remarks,

Jeopardy to the fine of ten dollars for each offence to be recovered as when signs and fortifications are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Grace Winer / *et* *A. 7381*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A. 7382

1. Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Nov 15

4. Place of Birth, (Street and Number)

127 Harrison Str

5. Full Name of Mother,

Bessie

6. Mother's Maiden Name,

" Seeger

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Simon Wait

9. Father's Occupation,

Peddler

Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

R Kaplan

Address,

107 Broad Alley

Remarks,

pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

A 7383

Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 15 88

4. Place of Birth, (Street and Number)

225 S. Bond St.

5. Full Name of Mother,

Frances Krausmeyer

6. Mother's Maiden Name,

" Rott

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Emil Krausmeyer

9. Father's Occupation,

musician

Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return

Caroline Miller

Address,

1605 Walker St. Balto. Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A 7384

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, November 15th 1888

4. Place of Birth, (Street and Number) 1100. W. 4th St

5. Full Name of Mother Margaret Ann Grob

6. Mother's Maiden Name, " Hecker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Grob

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Wm. D. Russell

Address, 500. N. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7385

1. Sex, (state whether male or female)

Male - James A. D. Wilson Jr.

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 15/88

4. Place of Birth, (Street and Number)

435 W. Biddle Str

5. Full Name of Mother,

Mrs. Emma A. D. Wilson

6. Mother's Maiden Name,

Maggie A. Gray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James A. D. Wilson

9. Father's Occupation,

General Business

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane E. Hall

Address,

Remarks, Full names of child added by father and mother upon applying for a

transcript. Maggie A. Wilson Mathes

J. E. Wilson - illeg.

Sept. 18 1931

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd A. 7885*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 15th*

4. Place of Birth, (Street and Number) *729 St. Peter st.*

5. Full Name of Mother, *Gertrude Gise*

6. Mother's Maiden Name, *"High*

7. Mother's Birthplace, *Balt. Co.*

8. Full Name of Father, *Alfred Gise*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other person who makes this Return, *C. L. Buddenbrot*

Address, *418 J. Pacal st*

Remarks,

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Balto Nov 12, 1888*
A 7387
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Balto Nov 15, 1888*
4. Place of Birth, (Street and Number) *510. Collington Ave.*
5. Full Name of Mother, *Maggie Benseel*
6. Mother's Maiden Name, *Maggie Stapp*
7. Mother's Birthplace, *America*
8. Full Name of Father, *John Benseel*
9. Father's Occupation, *Cover Maker*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary Arnold*
- Address, *No. 5. Wolfe St.*
- Remarks, *11*

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7388

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 15

4. Place of Birth (Street and Number),

George near Clinton St

5. Full Name of Mother,

Maggie White

6. Mother's Maiden Name,

Hoff

7. Mother's Birthplace,

Balt. Co.

8. Full Name of Father,

Chas O White

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

A. M. Wilson

Address,

1008 Mad Ave.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3 A 7389

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov. 16/88

4. Place of Birth, (Street and Number) 1306 Mosher

5. Full Name of Mother, Alice S Emich

6. Mother's Maiden Name, " " Ryan

7. Mother's Birthplace, Virginia

8. Full Name of Father, George W Emich

9. Father's Occupation, Lign Lumber Manufacturer

10. Father's Birthplace, Polk

Name of Medical Attendant, or other person who makes this Return, Thomas Edl MD

Address, 600 N Howard St

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* A. 7390

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *16th November 1888*

4. Place of Birth, (Street and Number) *Bancroft Street No 134*

5. Full Name of Mother, *Marie Boy*

6. Mother's Maiden Name, *Tangman*

7. Mother's Birthplace, *Germanien*

8. Full Name of Father, *Philip Boy*

9. Father's Occupation, *Shop*

10. Father's Birthplace, *Germanien*

Name of Medical Attendant, or other person who makes this Return. *Haroldine Thway Fort Street 434*

Address, *Haroldine Thway Fort Street 434*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.* *A. 7391*
 1. Sex, (State whether male or female) *Girl.*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *16th of November 1888.*
 4. Place of Birth, (Street and Number) *17 North Chapel street.*
 5. Full Name of Mother, *Annie Gabsed.*
 6. Mother's Maiden Name, *Annie Held.*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Meick Held.*
 9. Father's Occupation, *Laborman.*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Crescencia Kunkel.*
 Address, *213 North Chapel st. per Christina Kunkel.*
 Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st A. 7392

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov 16/88

4. Place of Birth, (Street and Number) # 725 Little Second Str.

5. Full Name of Mother, Yentie

6. Mother's Maiden Name, Hagen

7. Mother's Birthplace, Russia

8. Full Name of Father, Vashtoly Freed

9. Father's Occupation, Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, R. Kaplan
or other person who makes this Return.

Address. 107 Broad Alley

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 7393

☒ Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

November 16th 88

4. Place of Birth (Street and Number),

#1012 S. Eutaw St

5. Full Name of Mother,

Mrs Young

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

Edward Young

8. Full Name of Father,

Lumberman

9. Father's Occupation,

Virginia

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Sarah Hooper

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 7394*
1. Sex, (State whether male or female) *Male,*
2. Race or color, (if not of the white race)
3. Date of Birth, *Nov. 16. 1898*
4. Place of Birth, (Street and Number) *2007 Fairmount Ave.*
5. Full Name of Mother, *Mrs. Mary Ellen Garwood Hall*
6. Mother's Maiden Name, *Miss Mary Ellen Garwood*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Newton Taylor Hall*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Lansville, Balt. Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *G. C. Hughes, M.D.*
- Address, *2000 E. Balt. St.*
- Remarks, *Forceps delivery*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 7395

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Nov. 16/1885

4. Place of Birth, (Street and Number)

945-E Pratt St

5. Full Name of Mother,

Rebecca Schneidman

6. Mother's Maiden Name,

Lypsky

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Levi Schneidman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

David M. M.D.

Address,

408 N. E. St.

Remarks.

Printed in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13

A 7396

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 10

4. Place of Birth, (Street and Number)

Hudson St 3120

5. Full Name of Mother,

Henriette A Butschky

6. Mother's Maiden Name,

Henriette A Burgant

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Butschky

9. Father's Occupation,

Gas Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah P. Herington

Address,

924 Penna St

Remarks,

jected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* A. 7397
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Nov. 16. 1888.*
4. Place of Birth, (Street and Number) *1379 N. Carey*
5. Full Name of Mother, *Agnes Alma Forrester*
6. Mother's Maiden Name, *Wright*
7. Mother's Birthplace, *Balt. City.*
8. Full Name of Father, *Wm. Randolph Forrester*
9. Father's Occupation, *Builder*
10. Father's Birthplace, *Westminster Md.*
- Name of Medical Attendant, or other person who makes this return *J. H. Christian, M.D.*
- Address, *1821 Madison Ave.*
- Remarks,

Printed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d 7398

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 16

4. Place of Birth (Street and Number),

1513 Patterson Ave

5. Full Name of Mother,

Anna Krieb

6. Mother's Maiden Name,

King

7. Mother's Birthplace,

Balt. Co

8. Full Name of Father,

Chas. Krieb

9. Father's Occupation,

Expressman

10. Father's Birthplace,

Balt.

11. Name of Medical Attendant, or other person who makes this Return.

W. M. Wilson

Address,

1008 Mad. Ave

Remarks,

for each offence, to be recovered in other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.* A. 7399
 1. Sex, (state whether male or female) *female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 16th 1888.*
 4. Place of Birth, (Street and Number) *1335 N. Carey*
 5. Full Name of Mother, *Catherine R. Warthen*
 6. Mother's Maiden Name, *Kickell*
 7. Mother's Birthplace, *Westminster Md.*
 8. Full Name of Father, *Jas. H. Warthen*
 9. Father's Occupation, *Plasterer.*
 10. Father's Birthplace, _____
 Name of Medical Attendant, or other person who makes this Return *J. W. Christian M.D.*
 Address, *1821 Madison Ave.*
 Remarks, _____

Printed to the line of ten (10) dollars for each of one, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 7400

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 17th 1888.

4. Place of Birth, (Street and Number) 574 S. Hoffman St.

5. Full Name of Mother, Annie Hicks

6. Mother's Maiden Name, Annie Jackson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Samuel Hicks

9. Father's Occupation, Porter

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return H. H. Pridler M.D.

Address, #119 W. Saratoga St.

Remarks, City.

Section 100, Act of March 18, 1887, provides that any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child* *A. 74/01*
1. Sex, (state whether male or female).. *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17 of November*
4. Place of Birth, (Street and Number) *1326, Tremont Street*
5. Full Name of Mother, *Amanda Kuhl*
6. Mother's Maiden Name, *Amanda Boblitz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ferdant Kuhl*
9. Father's Occupation, *Fish Dealer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dannelly*
Address, *No 1035 Little Walsh St*
Remarks, *None*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

Name of Child *Philemon Hensley* *4th* *A 7402*
 No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race)
 Date of Birth, *Nov 17 - 88 -*
 Place of Birth, (Street and Number) *1313 Whitman St*
 Full Name of Mother, *Helen Hensley*
 Mother's Maiden Name, *" Hamilton*
 Mother's Birthplace, *MD*
 Full Name of Father, *R. J. Hensley*
 Father's Occupation, *clerk*
 Father's Birthplace, *MD*
 Name of Medical Attendant, or other Person who makes this Return *J. M. Hensley*
 Address, *1052 28th Avenue*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A 7403

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov 17 1888*

4. Place of Birth, (Street and Number) *622 N. Bond*

5. Full Name of Mother, *Lidia Baum*

6. Mother's Maiden Name, *" Ekan*

7. Mother's Birthplace, *Balt-*

8. Full Name of Father, *William R. Baum*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Balt-*

Name of Medical Attendant, or other person who makes this Return, *David M. Pratt M.D.*

Address, *408 N. Euter St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

P 74,024
The 10 child

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race).

White

3. Date of Birth,

The 17 of Nov 1885

4. Place of Birth, (Street and Number)

No 1450 Howard Ave

5. Full Name of Mother,

Mary Weaver

6. Mother's Maiden Name,

Mary Weaver

7. Mother's Birthplace,

Baltimore Conn

8. Full Name of Father,

Isaac J. West

9. Father's Occupation,

Butcher

Father's Birthplace,

Harvard Conn

Name of Medical Attendant, or other person who makes this Return.

Mrs W. L. Limer

Address,

No 1059 Howard Ave

Remarks,

10th Nov

1885

any such person or persons who shall hereafter fail to comply with the provisions of the Act shall be liable to a fine of ten dollars for each offence, to be recovered as a civil fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

A. 7405

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Not White

3. Date of Birth

Dec. 16, 1888

4. Place of Birth, (Street and Number)

1132 Harmer St

5. Full Name of Mother,

Annie Hard

6. Mother's Maiden Name,

Annie Hard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

Abigail Brooks

Address,

1132 Harmer

Remarks,

Living well

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child A 7406

1. Sex, (State whether male or female).

Little Boy

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

17th Nov 1888

4. Place of Birth, (Street and Number)

No 127 Payson Str

5. Full Name of Mother,

Annie C Lieben

6. Mother's Maiden Name,

Annie C Collins

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

S. C. Lieben

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Tork Pa

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

No 2127 Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child A 7/4/07*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *17th Nov - 88*

4. Place of Birth, (Street and Number) *2104 St. Lexington St*

5. Full Name of Mother, *Lebbie, Carrie, Clark,*

6. Mother's Maiden Name, *Derrenberger,*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Edgar, Bernard, Clark*

9. Father's Occupation, *Telegraph Operator*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*

Address, *23 N Poppleton St*

Remarks,

Fee of ten (10) dollars for each offence, to be recovered on other lines and certificates are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* *A 7408*
 Sex, (state whether male or female) *male child*
 Race or color, (if not of the white race) *colored*
 Date of Birth, *Nov. 17. 1888*
 Place of Birth, (Street and Number) *812 Whateout st*
 Full Name of Mother, *Mary Stevens*
 Mother's Maiden Name, *Baltimore MD*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *John Thomas*
 Father's Occupation, *Boys to Smoker*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mary E Jones*
 Address, *1121 Schlegel st*
 Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A 7409

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Nov 17, 1888.

4. Place of Birth (Street and Number)

1121 Division St

5. Full Name of Mother

Mary Agnes Scott

6. Mother's Maiden Name

Brooks

7. Mother's Birthplace

St Mary's Co Md

8. Full Name of Father

Issac H. Scott

9. Father's Occupation

Waiter

Father's Birthplace

Batts Md

Name of Medical Attendant, or other Person who makes this Return.

Thos. F. Ward MD

Address

605 St Paul St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th A 7410*
- Sex, (state whether male or female) *Female*
- Race or color, (if not of the white race) *white*
- Date of Birth, *Nov 17th*
- Place of Birth, (Street and Number) *635 Columbia Ave*
- Full Name of Mother, *Allie Reeder*
- Mother's Maiden Name, *Allie Muse*
- Mother's Birthplace, *Virginia*
- Full Name of Father, *Asphons Reeder*
- Father's Occupation, *Engineer*
- Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return, *McKenzies Slifer*
- Address, *641 South Park*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child 7/4/11

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov. 17th 1888.

4. Place of Birth (Street and Number),

1113 York Road

5. Full Name of Mother,

Sarah Psien

6. Mother's Maiden Name,

Sarah Burns

7. Mother's Birthplace,

Id.

8. Full Name of Father,

James J. Psien

9. Father's Occupation,

Car driver

10. Father's Birthplace,

Id.

Name of Medical Attendant, or other person who makes this Return,

W. B. Hart M.D.

Address,

1137 York Road

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st,

74/12

1. Sex (state whether male or female),

Female
White

2. Race or Color (if not of the white race),

3. Date of Birth,

17th November 1888.

4. Place of Birth (Street and Number),

No. 2 Tyler St. "Anney"

5. Full Name of Mother,

Sylvia Eder

6. Mother's Maiden Name,

Sylvia Ettleman

7. Mother's Birthplace,

Med.

8. Full Name of Father,

Edward Eder

9. Father's Occupation,

Broom Maker

10. Father's Birthplace,

Med.

Name of Medical Attendant,

or other person who
makes this Return.

J. B. Hartman, M.D.

Address,

1137 York Road

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sara Sara Bateman, 1st

1. Sex, (state whether male or female) Female A. 7413

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth Sunday Nov 18, 1888

4. Place of Birth, (Street and Number) 645 Raborg St.

5. Full Name of Mother, Sara Sara Bateman

6. Mother's Maiden Name, "

7. Mother's Birthplace, District of Columbia

8. Full Name of Father, Harry Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, Ellen Ferguson
or other Person who makes this Return.

Address, Raborg St.

Remarks, _____

for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. A. 7414

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov. 18th 1888.

4. Place of Birth (Street and Number),

Wilson St. Waverly, Roma

5. Full Name of Mother,

Ida Oberdelhoff

6. Mother's Maiden Name,

Ida Kellner

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Edward Oberdelhoff

9. Father's Occupation,

Photographer

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return.

W. B. Hartwood.

Address,

1137 York Road

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *A. 7415*
- Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Nov. 18. 1888*
4. Place of Birth, (Street and Number) *1800 Fairmount Ave*
5. Full Name of Mother, *Mrs. Margaret Henry Wm. Kewen*
6. Mother's Maiden Name, *Miss Margaret Henry*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *John Henry Wm. Kewen*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Edw. J. B. Smith*
- Address, *1000 E. B. St. E.*
- Remarks, *Forceps delivery*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A. 70416

Sex. (state whether male or female)

Race or Color. (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Nov 18 1888
316 N Broadway
Fanny Woods
Fanny M Clelland
Baltimore
Oakney Woods
Rail Road Conductor
Baltimore
H. A. Hahn. M. J.
716 N Broadway

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First* *A-7417*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *Mar. 11, 1888*
4. Place of Birth, (Street and Number) *#1120 Warner St*
5. Full Name of Mother, *Annie Collins*
6. Mother's Maiden Name, *Annie Chandler*
7. Mother's Birthplace, *Ackamack Co. Va*
8. Full Name of Father, *Charles Chandler*
9. Father's Occupation, *Cypher Shucker*
10. Father's Birthplace, *Ackamack Co. Va*
Name of Medical Attendant, *Abriella Brooks*
or other Person who makes this Return.
Address, *1132 Warner St*
Remarks, *Living well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A 7418*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Sunday, November 18th, 1888.*
4. Place of Birth (Street and Number), *2211 Canton Avenue*
5. Full Name of Mother, *Ann C. Dotter*
6. Mother's Maiden Name, *Ann C. Burris*
7. Mother's Birthplace, *Baltimore, Maryland*
8. Full Name of Father, *Frederick C. Dotter*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other person who makes this Return, *N. L. Davies, Jr., M.D.*
- Address, *700 S. Broadway*
- Remarks, *Born 10.15 P.M.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A-7419*
● Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *18 Nov.*
4. Place of Birth (Street and Number), *1406 Patterson Ave*
5. Full Name of Mother, *M. E. Bandel*
6. Mother's Maiden Name, *M. E. Talon*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *W. M. Bandel*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Jones*
Address, *1337 Wheat cobat St.*
Remarks,

THIS FORM AND STATISTICS ARE RECOVERABLE.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—1

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) color

3. Date of Birth, Nov 18 1883

4. Place of Birth, (Street and Number) 803 Siddenhall st

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, 229

Remarks,

A. 7420

Lisa Heerde
Calvert Co Md

Melby Gross
York St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 7421*
- Sex, (state whether male or female) *Male*
- Race or color, (if not of the white race) *White*
- Date of Birth, *Nov 19th*
- Place of Birth, (Street and Number) *1301 Cross St*
- Full Name of Mother, *Johanna Kamm*
- Mother's Maiden Name, *Johanna Baush*
- Mother's Birthplace, *Germany*
- Full Name of Father, *John Kamm*
- Father's Occupation, *Labour*
- Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Seeligson, Slefer*
- Address, *641 So Face St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child* *A* *7422*
 1. Sex, (State whether male or female) *Boy*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *19th of November 1888.*
 4. Place of Birth, (Street and Number) *905 North Chester street.*
 5. Full Name of Mother, *Virginia E. Crawford.*
 6. Mother's Maiden Name, *Virginia E. Berenger*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *Zachary J. Berenger.*
 9. Father's Occupation, *Canmaker.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other person who makes this Return, *Escarcintia Kunkel*
 Address, *213 North Chapel St. for Justina Kunkel*
 Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *One child A. 7423*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *Norfolk Race*
 Date of Birth, *Nov 19 1888*
 Place of Birth, (Street and Number) *222 Durham St*
 Full Name of Mother, *Estella Fowler*
 Mother's Maiden Name, *Estella Johnson*
 Mother's Birthplace, *Christfield Co Va*
 Full Name of Father, *John Johnson*
 Father's Occupation, *Labo*
 Father's Birthplace, *St. Mary Co*
 Name of Medical Attendant, or other person who makes this Return, *Lucindia Woodford*
 Address, *432 Register St*
 Remarks,

Printed to the five of ten cents for each advance, to be received as other fees and charges are receivable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

7424

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov. 17/88

4. Place of Birth, (Street and Number)

216 P. Enoch Ave

5. Full Name of Mother,

Fannie C. Herrick

6. Mother's Maiden Name,

" " Murdock

7. Mother's Birthplace,

B. C. Vermont

8. Full Name of Father,

George Herrick

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. L. Martin

Address,

226 P. B. Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* A 7425
- Sex, (state whether male or female) *Male*
- Race or color, (if not of the white race) *White*
- Date of Birth, *19th November 1884*
- Place of Birth, (Street and Number) *High Street No 207*
- Full Name of Mother, *Margaret Threlk*
- Mother's Maiden Name, *Schuster*
- Mother's Birthplace, *Germanian*
- Full Name of Father, *Michael Threlk*
- Father's Occupation, *Wool Merchant*
- Father's Birthplace, *Germanian*
- Name of Medical Attendant, or other person who makes this Return. *Harding Threlk*
- Address, *Harding Threlk, Fort Street No 434*
- Remarks, _____

jected to the fine of ten (10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Ninth* A. 7426
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *European*
 3. Date of Birth *November 19th 1888*
 4. Place of Birth (Street and Number) *306 Washington St Homestead B. C. Ext.*
 5. Full Name of Mother *Georgetta Myers*
 6. Mother's Maiden Name *" "* *Wess*
 7. Mother's Birthplace *Baltimore County Md*
 8. Full Name of Father *John Frederick Myers*
 9. Father's Occupation *City Fireman (Homestead)*
 10. Father's Birthplace *Homestead Bal. City Md*
 Name of Medical Attendant, or other Person who makes this Return. *H. J. A. and*
 Address *# 412 Gibson Avenue B. C. Ext.*
 Remarks *His Father's hope and mother's joy,
 Another Lane, The Pub. & Bunoy.*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth 19 of november
4. Place of Birth (Street and Number) 1918 east chase st
5. Full Name of Mother harrit crommell
6. Mother's Maiden Name
7. Mother's Birthplace baltimore county
8. Full Name of Father john smith
9. Father's Occupation waiter
10. Father's Birthplace baltimore county
- Name of Medical Attendant, or other Person who makes this Return Mrs hardrod
- Address
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

A 7428

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov-19/88

4. Place of Birth, (Street and Number)

343 N Gay St.

5. Full Name of Mother,

Helia Kaufman

6. Mother's Maiden Name,

Helia Krusin

7. Mother's Birthplace,

New York

8. Full Name of Father,

David Kaufman

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Address,

J. W. Lehman

Remarks,

309 N Gay St.

jected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *27424*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Nov. 19th 1888*
4. Place of Birth. (Street and Number) *No 1620 N. Gay St.*
5. Full Name of Mother *Mrs. Maggie Baker*
6. Mother's Maiden Name *Mrs. Maggie McQuinn*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *August Baker*
9. Father's Occupation *Car Driver*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. C. Baker*
- Address *No 1620 N. Gay St.*
- Remarks *Infant born healthy*

Full name of child - *John Theodore Baker*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 7430
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 19 - 88
4. Place of Birth, (Street and Number) 2514 E. Balto. St.,
5. Full Name of Mother, Mary D. Wicheals
6. Mother's Maiden Name, Mary D. Lewis
7. Mother's Birthplace, A.
8. Full Name of Father, Wm J. C. Wicheals
9. Father's Occupation, Electrician
10. Father's Birthplace, A.
- Name of Medical Attendant, or other Person who makes this Return. Frank C. Dresser
- Address, 1713 Baver St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 74.31
1. Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) White
 3. Date of Birth, 19 Nov 88
 4. Place of Birth, (Street and Number) 937 Dallas
 5. Full Name of Mother, Barbara Lucera
 6. Mother's Maiden Name, Henry
 7. Mother's Birthplace, Bohemia
 8. Full Name of Father, Andrew Henry
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Bohemia
 11. Name of Medical Attendant, or other person who makes this Return, Mary Keptish
 - Address, 207 of Washington St
 - Remarks,

any birth certificate or person who shall thereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

71732

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 18 Nov 1888

4. Place of Birth, (Street and Number) 117 E Eager St

5. Full Name of Mother, Anna Teller

6. Mother's Maiden Name, Holland

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Teller

9. Father's Occupation, Baker

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kiplish

Address, 207 of Washington St

Remarks,

ANY PERSON or persons who shall neglect or refuse to comply with the provisions of this Act, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, on the manner and amount of the fee, and if any such person or person making this Return shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 7433

1. Sex, (State whether male or female) Boy

2. Race or color, (if not of the white race) White

3. Date of Birth, 20 Nov 1888

4. Place of Birth, (Street and Number) 207 Washington St

5. Full Name of Mother, Anna Beran

6. Mother's Maiden Name, Presova

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jan Beran

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Harry Koplisch

Address, 207 Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 7435
1. Sex, (state whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Nov. 20/88
 4. Place of Birth, (Street and Number) 122 S. Charles
Annie Weikart
 5. Full Name of Mother, " Schugart
 6. Mother's Maiden Name, Bals
 7. Mother's Birthplace, John Weikart
 8. Full Name of Father, Restaurantkeeper
 9. Father's Occupation, Balt
 10. Father's Birthplace, Not given
Geo W. Howard St
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

Printed in the office of the Registrar of Vital Statistics, Baltimore City. No. 100 dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child A. 736

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 20th 1888*

4. Place of Birth, (Street and Number) *Low St No 1124*

5. Full Name of Mother, *Henriette Maas.*

6. Mother's Maiden Name, *Henriette Maas*

7. Mother's Birthplace, *Miswalde Prussia Germany*

8. Full Name of Father, *John Maas.*

9. Father's Occupation, *Shoe maker*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return.

Mary E. Miller

Address, *N. Dallas St No 114*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

— — — Emma Mary Lederer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child. A 7/13/37

1. Sex, (State whether male or female) Girl.

2. Race or color, (if not of the white race) White.

3. Date of Birth, 20th of November 1898.

4. Place of Birth, (Street and Number) 416 North Cassell Street.

5. Full Name of Mother, Lizzie Reab.

6. Mother's Maiden Name, Lizzie Leacher.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Henry Leacher.

9. Father's Occupation, Butcher.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Crescentia Kunkel.

Address, 213 North Chapel St. for Justina Kunkel.

Remarks, Healthy. GIVEN NAME ADDED. 7-13-53
h.m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th* *A. 7438*
1. Sex, (State whether male or female) *Boy*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *20 November*
4. Place of Birth, (Street and Number) *820 Sterling Street*
5. Full Name of Mother, *Amalia Stencka*
6. Mother's Maiden Name, *Ribitzki*
7. Mother's Birthplace, *Pozen Germany*
8. Full Name of Father, *Martyn Ribitzki*
9. Father's Occupation, _____
10. Father's Birthplace, *Wongrowice*
- Name of Medical Attendant, or other person who makes this Return *Marie Güttnen*
- Address, *728 S. Wolfe Street.*
- Remarks, _____

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Egbert A. Gerben
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd A. 7439*

- Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White -*
3. Date of Birth, *Nov. 20th/88.*
4. Place of Birth (Street and Number), *Springton Ave. No number*
5. Full Name of Mother, *Sarah A. Gerben Gerben*
6. Mother's Maiden Name, *Sarah A. Sadtler*
7. Mother's Birthplace, *Mid.*
8. Full Name of Father, *Charles A. Gerben Gerben*
9. Father's Occupation, *Printer*
● Father's Birthplace, *Mid.*

Name of Medical Attendant, or other person who makes this Return. *W. B. Hart M.D.*

Address, *1137 York Road*

Remarks,

CERTIFICATE CORRECTED *5-12-53*

A.M.

any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *L²* *A. 7/1/40*
1. Sex, (State whether ~~male~~ or female)
 2. Race or color, (if not of the white race)
 3. Date of Birth, *Nov 20 1888*
 4. Place of Birth, (Street and Number) *714 Jefferson St. Waverly*
 5. Full Name of Mother, *May E. Watson*
 6. Mother's Maiden Name, *Widmayer*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *Charles E. Watson*
 9. Father's Occupation, *Artist*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *D. H. Keiche M.D.*
- Address, *Waverly*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *7441*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *May 21-88*

4. Place of Birth, (Street and Number) *233 N. Gay -*

5. Full Name of Mother, *Florence Elizabeth Ford*

6. Mother's Maiden Name, *Ford*

7. Mother's Birthplace, *Md -*

8. Full Name of Father, *Wm Thomas Ford*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Md -*

Name of Medical Attendant, or other Person who makes this Return *Druggist*

Address, *1207 E. Monument St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th* *A. 7442*
1. Sex (state whether male or female), *Female*
2. Race or Color (if nat of the white race), *White*
3. Date of Birth, *November 21st 1888*
4. Place of Birth (Street and Number), *N^o 5 Little Baltimore*
5. Full Name of Mother, *Mary Katzenberger*
6. Mother's Maiden Name, *Mary Spigel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Katzenberger*
9. Father's Occupation, *Surgeon*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Baltimore Morning*
- Address, *N^o 1517 Gay St*
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A 7443

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 21st Nov 1884

4. Place of Birth, (Street and Number) 406 S Ann St Be. City

5. Full Name of Mother, Katie B Wynn

6. Mother's Maiden Name, Robinson ^{was} Jester ^{now called the} Home State

7. Mother's Birthplace, Be. City

8. Full Name of Father, Charles E Wynn

9. Father's Occupation, Ice Driver

10. Father's Birthplace, Be. City

Name of Medical Attendant, or other Person who makes this Return. M. A. Deenport

Address, 225 S Ann St

Remarks, Mother & Baby doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d, A. 7444

1. Sex (state whether male or female),

Female.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

November 21st 1888.

4. Place of Birth (Street and Number),

639 Columbia Ave.

5. Full Name of Mother,

Lillie Montemity.

6. Mother's Maiden Name,

Lillie Sevanbach.

7. Mother's Birthplace,

Virginia.

8. Full Name of Father,

Thomas Montemity.

9. Father's Occupation,

Sea Merchant.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

John S. Cunningham M.D.

Address,

804 A. Carrollton Ave.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

9^A 7445
Funder

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Nov 21 1888

4. Place of Birth, (Street and Number)

1118 William St

5. Full Name of Mother,

Martha Shoemaker

6. Mother's Maiden Name,

Martha Marshall

7. Mother's Birthplace,

Dorchester Co Md

8. Full Name of Father,

John Shoemaker

9. Father's Occupation,

Meat Dealer

10. Father's Birthplace,

Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return.

H B Noble, M.D.

Address,

307 Warren St

Remarks,

City

For each offense to be returned as either fine and for Mirra are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d 7445

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Feb 21

4. Place of Birth (Street and Number), 928 W. Mulberry

5. Full Name of Mother, Laura Jackson

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balt.

8. Full Name of Father, Sam'l Jackson

9. Father's Occupation, Electrician

10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other person who makes this Return, A. M. Wilson

Address, 1008 Madison Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3^d A. 7/1/17

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 21st November 1888
4. Place of Birth, (Street and Number) Palmer Hotel No. 22
5. Full Name of Mother, Mari Ismay
6. Mother's Maiden Name, Kalisch
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Ismay
9. Father's Occupation, Wool Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Harold Ismay

Address, Harold Ismay Hotel No. 434

Remarks,

any and all person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 children A. 7444*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21 November 1888*

4. Place of Birth, (Street and Number) *1450 Block Stone Lane, Md.*

5. Full Name of Mother, *Evelyn Bushager*

6. Mother's Maiden Name, *Evelyn Simon*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *German Bushager*

9. Father's Occupation, *Labo*

10. Father's Birthplace, *Illinois*

Name of Medical Attendant, or other Person who makes this Return, *Chas. Henry Smith*

Address,

Remarks,

may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child *A 745*

1. Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 22nd of Nov 1888

4. Place of Birth, (Street and Number)

No 1138 Hollins st

5. Full Name of Mother,

Mrs Webbert

6. Mother's Maiden Name,

Mrs Snup

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr John Webbert

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Hiller

Address,

2127 west Pratt st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1st

A. 7451

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 22, 1888

4. Place of Birth, (Street and Number)

2318 Lancaster St.

5. Full Name of Mother,

Annie Connolly

6. Mother's Maiden Name,

Annie Goss

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Marion Connolly

9. Father's Occupation,

laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Marion V. Kaine

Address,

24 Angeline St.

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Elizabeth Eiferd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

white

3. Date of Birth,

22nd of Nov - 1888

4. Place of Birth (Street and Number),

Front St No 1028

5. Full Name of Mother,

Elisabeth Eiferd

6. Mother's Maiden Name,

Elisabeth Traubman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Eiferd

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Chas. D. Gink Midwife

Address,

No. 407 Miller St

Remarks,

GIVEN NAME ADDED.

3 - 6 - 52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Balto Nov 24 1888
M + A 745

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Balto Nov 22, 1888.*

4. Place of Birth, (Street and Number) *825 S. Talle St.*

5. Full Name of Mother, *Caroline Hamke.*

6. Mother's Maiden Name, *Brookline Ninkel.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Herman Hamke.*

9. Father's Occupation, *Laborer.*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Mary Freund.*

Address, *440. S. Wolfe St.*

Remarks, *715*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A

7/15/54

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 22

4. Place of Birth, (Street and Number)

1107 Chester St

5. Full Name of Mother,

Sarah Matilda Stubalfeld

6. Mother's Maiden Name,

Wiley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George M Stubalfeld

9. Father's Occupation,

laborer

10. Father's Birthplace,

Glasgow West Virginia

Name of Medical Attendant, or other Person who makes this Return

Address,

1107 Chester St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A. 745

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 22 1888

4. Place of Birth, (Street and Number)

2524 Lancaster st

5. Full Name of Mother,

Mary Madson

6. Mother's Maiden Name,

Emerson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Madson

9. Father's Occupation,

R. R. Brakeman

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah P. Harrison

Address,

2524 Lancaster st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2 child* *A. 7/1/07*
1. Sex. (state whether male or female) *female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *born 22 of November*
4. Place of Birth, (Street and Number) *627 north spring st*
5. Full Name of Mother, *Maria J. Brown*
6. Mother's Maiden Name, *Maria J. Davis*
7. Mother's Birthplace, *born in Baltimore*
8. Full Name of Father, *William C. Brown*
9. Father's Occupation, *Boarder*
10. Father's Birthplace, *Eastern Shore Maryland*
11. Name of Medical Attendant, *Clarkus. T. T. T. 308*
or other person who makes this Return.
- Address, *Chestnut st*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th Child. A. 7438*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Nov. 22^d 1888*
4. Place of Birth, (Street and Number) *1808 Park Ave.*
5. Full Name of Mother, *Lucy T. MacKenzie*
6. Mother's Maiden Name, *Lucy T. Emery*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. T. MacKenzie*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *J. F. Powell M.D.*
- Address, *2124 St. Paul St.*
- Remarks, *Child Healthy*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th* *A 74137*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White -*
3. Date of Birth, *Nov. 22nd 1888,*
4. Place of Birth (Street and Number), *1125 York Road*
5. Full Name of Mother, *Mary H. Davis*
6. Mother's Maiden Name, *Jurney*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Samuel J. Davis*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *South-Carolina*
11. Name of Medical Attendant, or other person who makes this Return, *J. B. Hartman*
- Address, *1137 York Road*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th 7450

1. Sex (state whether male or female),

Male.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

November 23^d 1888.

4. Place of Birth (Street and Number),

302 N. Guilmore st.

5. Full Name of Mother,

Julia Applegarth.

6. Mother's Maiden Name,

Julia Stanley.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Robert Applegarth.

9. Father's Occupation,

Shipping Clerk.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

John C. Cunningham M.D.

Address,

804 N. Carrollton St.

Remarks,

for each offence, to be recovered as other fines and for failures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 14461

1. Sex (state whether male or female),

● Race or Color (if not of the white race), *Black*

3. Date of Birth, *Nov 23/88*

4. Place of Birth (Street and Number), *Baltimore University Hospital*

5. Full Name of Mother, *Lizzie Smith*

6. Mother's Maiden Name, *Samr*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

● Name of Medical Attendant, or other person who makes this Return, *Arthur A. Hoofman M.D.*

Address, *Baltimore University Hospital 21 to 29 N. Ford St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother. (state whether 1st, 2d, 3d, &c) 1st. A. 7/62
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white-race) White
3. Date of Birth, Nov 23 1898
4. Place of Birth, (Street and Number) 904 Chesapeake St.
5. Full Name of Mother, Henrietta P. P. P.
6. Mother's Maiden Name, Henrietta P. P.
7. Mother's Birthplace, Germany
8. Full Name of Father, Thomas P. P.
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mary C. Ingram
- Address, 26 S. 14
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

Name: Katherine O'Dea

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

60

A 7463

● Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

white

3. Date of Birth,

23^d of Nov 1888

4. Place of Birth (Street and Number),

No. 834 Hillen St

5. Full Name of Mother,

Mary O'Dea

6. Mother's Maiden Name,

Mary Mallon

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John O'Dea

9. Father's Occupation,

Laborer

● Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other person who makes this Return.

Mrs. D. Gink.

Address,

No 907 Hillen St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 72464

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 23rd

4. Place of Birth, (Street and Number)

1505 John St

5. Full Name of Mother,

Amie C. De Pasquale

6. Mother's Maiden Name,

" " Newman

7. Mother's Birthplace,

Detroit

8. Full Name of Father,

Antonio De Pasquale

9. Father's Occupation,

Tailor

Father's Birthplace,

Italy

Name of Medical Attendant,

or other Person who makes this Return

J. M. Hundley

Address,

1002 Edmondson Lane

Remarks,

8 mos child.

Persons who have received a certificate in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7465

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2104 mar 23

4. Place of Birth, (Street and Number) Bank St

5. Full Name of Mother, Maria McCormack

6. Mother's Maiden Name, Lynch

7. Mother's Birthplace, Ireland

8. Full Name of Father, John McCormack

9. Father's Occupation, labor

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, Albany Bldg 241 Cherry

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4. d. A 7/1/66*
 1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *November 23.*
 4. Place of Birth. (Street and Number) *Andre St. No 1406*
 5. Full Name of Mother, *Mary Schwenk*
 6. Mother's Maiden Name, *Mary H. Møngenson*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Georg Schwenk*
 9. Father's Occupation, *Labour*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Ethel*
 Address, *1619 Cuba St Baltimore*
 Remarks, *Cause of Death Born before its time*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1- A. 71167
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 23 - 1888
4. Place of Birth, (Street and Number) 114 Albemarle st
5. Full Name of Mother, Margaret Elisabeth Collender
6. Mother's Maiden Name, Margaret Elisabeth Mudd
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, William Benson Collender
9. Father's Occupation, Letter collector
10. Father's Birthplace, Balto. Md
- Name of Medical Attendant, W. G. Darius or other Person who makes this Return.
- Address, 1727 E. Baltimore st
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 7466*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov. 23 1888*
4. Place of Birth, (Street and Number) *Hanover St 722*
5. Full Name of Mother, *Annie Smith*
6. Mother's Maiden Name, *Annie Layson*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Alfred Smith*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Catherine Kelly*
- Address, *1126 Russell St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 7469
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) very light
3. Date of Birth, 23rd of November 1888
4. Place of Birth, (Street and Number) George St. No 648
5. Full Name of Mother, Henrieta Sifer
6. Mother's Maiden Name, Henrieta Salmon
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Richard Sifer
9. Father's Occupation, Soldier
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return. Lidia V Sameroff
- Address, Clinton ave 616
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 74704

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 23

4. Place of Birth, (Street and Number)

Booksie St

5. Full Name of Mother,

Annie Sullivan

6. Mother's Maiden Name,

Annie Maguire

7. Mother's Birthplace,

County Mayo

8. Full Name of Father,

William Sullivan

9. Father's Occupation,

Labar

10. Father's Birthplace,

Waxford Ireland

Name of Medical Attendant, or other person who makes this Return.

Cornelia Allen

Address,

1426 Garrett Ave

Remarks,

Cal

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 7471
 Sex, (state whether male or female) Female
 Race or color, (if not of the white race) White
 Date of Birth, Nov 24th 1898 Roxbury St
 Place of Birth, (Street and Number) 708 Roxbury St
 Full Name of Mother, Gussie Harman
 Mother's Maiden Name, Gussie Long
 Mother's Birthplace, Baltimore
 Full Name of Father, Frederick Harman
 Father's Occupation, Hack Driver
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return. Helegonda Pfizer
 Address, 641 So. Gaea St
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 17/1/70

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 24th 1888

4. Place of Birth, (Street and Number)

NO 416 Lexington st

5. Full Name of Mother,

Minnie Manke

6. Mother's Maiden Name,

Minnie Spinner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Manke

9. Father's Occupation,

Cigar Maker

Father's Birthplace,

Coblenz, Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Leebach

Address,

West Pratt st

Remarks,

None

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A. 7473

Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 24 1888*

4. Place of Birth, (Street and Number) *1514 D.H. Ave.*

5. Full Name of Mother, *Ellen T. Davidson*

6. Mother's Maiden Name, *Tiffany*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Joseph E. Davidson*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return

H. H. Christian M.D.
1831 Madison Ave.

Address, _____

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 74744
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12:20 P.M. 24th November, 1888.
4. Place of Birth (Street and Number) 1034 Arvale Ave Baltimore, Md
5. Full Name of Mother Genetta Fox Black
6. Mother's Maiden Name Genetta Fox
7. Mother's Birthplace Baltimore, Maryland.
8. Full Name of Father Harry Laworn Black
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore, Maryland.
- Name of Medical Attendant, or other Person who makes this Return. Chas. J. Smith, M.D.
- Address 817 N. Howard St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 72175

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 November 1888

4. Place of Birth, (Street and Number) N Pine St. 303

5. Full Name of Mother, Emily Mohr

6. Mother's Maiden Name, Emily Riedel

7. Mother's Birthplace, Eisenach Germany

8. Full Name of Father, George Mohr

9. Father's Occupation, Carpenter

10. Father's Birthplace, Hofeld - Germany

Name of Medical Attendant, W F Reinhard
or other Person who makes this Return.

Address, 720 N Howard Street

Remarks, _____

For each offense to be recovered as other fines and forfeitures are recoverable.

of this is based on the recovery of 100% of the information for the first 1000 bits.

of this is based on the recovery of 100% of the original sample.

of this is based on the recovery of information for individual first trials.

of this is based on the recovery of 100% of the original material.

of this is based on the recovery of information on injured and treated fish.

of this is based on the recovery of information for individual first trials.

of this is based on the recovery of 100% of the original sample.

of this is based on the recovery of 100% of the information for the first 1000 bits.

of this is based on the recovery of 100% of the information for the first 1000 bits.

of this is based on the recovery of 100% of the original material.

of this is based on the recovery of 100% of the information for the first 1000 bits.

of this is shown in the recovery map of information for injured air firefighters.

of this is based on the recovery of 100% of the information for the first 1000 bits.

of this is shown in the recovery map of information for injured air firefighters.

of this is based on the recovery of 100% of the original material.

of this is shown in the recovery map of the unknown for a fixed λ and

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child A 7477
1. Sex, (State whether male or female) Little boy
2. Race or color, (if not of the white race) White race
3. Date of Birth, Born 24th Nov. 1888
4. Place of Birth, (Street and Number) Brunn 21 city
5. Full Name of Mother, Mrs. Hohnle
6. Mother's Maiden Name, Mrs. Liech
7. Mother's Birthplace, Wertenberg Germany
8. Full Name of Father, Mr. Hohnle
9. Father's Occupation, Brewer
10. Father's Birthplace, Wertenberg Germany
- Name of Medical Attendant, or other person who makes this Return. Mrs. Miller
- Address, 2127 west Pratt st
- Remarks, !

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child 7/21/78

1. Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 24th of Nov 1888

4. Place of Birth, (Street and Number)

No 30 Vincene Alley

5. Full Name of Mother,

Mrs Alex

6. Mother's Maiden Name,

Miss Kate Mohr

7. Mother's Birthplace,

Bayer Germany

8. Full Name of Father,

Mr Alex

9. Father's Occupation,

Grocer Store

10. Father's Birthplace,

Prison Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Hiller

Address,

2127 west Pratt st

Remarks,

Any person who neglects to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ~~1~~ Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7479

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 24th 1888.

4. Place of Birth, (Street and Number)

1302 Lafayette Ave

5. Full Name of Mother,

Fanny Brown

6. Mother's Maiden Name,

Fanny Offutt

7. Mother's Birthplace,

City

8. Full Name of Father,

James G. Brown

9. Father's Occupation,

Clk

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Alfred M. Bell, M.D.
1010 Cathedral St

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth* *A. 7480*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov. 24th 1888*
4. Place of Birth (Street and Number) *514 Oxford St.*
5. Full Name of Mother *Lizzie Gale*
6. Mother's Maiden Name *Payne*
7. Mother's Birthplace *Winchester, Va.*
8. Full Name of Father *Alex. Gale*
9. Father's Occupation *Walter*
Father's Birthplace *Elkton, Md.*
Name of Medical Attendant, or other Person who makes this Return *Thos. F. M. Lammie M.D.*
Address *1421 Eutan Place*
Remarks *"Placenta previa marginalis" Hemorrhage alarming
delivered the woman by turning with the hand in the uterus
recovers good for mother and child.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A 7481

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

24th day of November 1888

4. Place of Birth, (Street and Number)

1377 South Charles St

5. Full Name of Mother,

Annabella Melina Jones

6. Mother's Maiden Name,

Peters

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Wesley Joyce

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Wm Conway

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A 7482*

1. Sex, (State whether male or female). *Male*

2. Race or color, (if not of the white race).....

3. Date of Birth, *Nov 24 - 88*

4. Place of Birth, (Street and Number) *408 N. Caroline St*

5. Full Name of Mother, *Emma. E. Lynch*

6. Mother's Maiden Name, *" " Baker*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Ellsworth C. Lynch*

9. Father's Occupation, *Telephone Inspector*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return. *Mrs Maria A. Allwell*

Address, *912 M. Donogh St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 7483*
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *white race*
3. Date of Birth, *November the 24th*
4. Place of Birth, (Street and Number) *Baltimore Clammon St No 4019*
5. Full Name of Mother, *Margret Blouch*
6. Mother's Maiden Name, *Ellan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Blouch*
9. Father's Occupation, *labour*
10. Father's Birthplace, *Lancaster Pa*
- Name of Medical Attendant, or other person who makes this Return, *Elizabeth Hathorn*
- Address, *Light St. No 1511*
- Remarks,

any such person or persons who shall be convicted in any court of law of having been convicted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 - A 7484

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 25 - 1888

4. Place of Birth, (Street and Number)

304 Bank St - Highlandtown

5. Full Name of Mother,

Annie Goldbeck

6. Mother's Maiden Name,

Annie Fladung

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

John Goldbeck

9. Father's Occupation,

Builder

10. Father's Birthplace,

Balto. Md

Name of Medical Attendant, or other Person who makes this Return

P. G. Dancer, M.D.

Address,

1727 E. Balto. St

Remarks,

for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A. 7485

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 25/88

4. Place of Birth, (Street and Number)

831 North Bond St

5. Full Name of Mother,

Angelina Josephine Kuhlman

6. Mother's Maiden Name.

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John W. Kuhlman

9. Father's Occupation,

Painter

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Jno W. Sichel M.D.

Address,

1312. Chew St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child A 7486*
1. Sex, (State whether male or female). *Girl.*
2. Race or color, (if not of the white race). *White.*
3. Date of Birth, *25th of November 1888.*
4. Place of Birth, (Street and Number) *627 North Chapel street.*
5. Full Name of Mother, *Annie Schneider*
6. Mother's Maiden Name, *Annie Mauer.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Loares Mauer.*
9. Father's Occupation, *Cutter.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this Return. *Crescencia Runkel*
- Address, *213 North Chapel st. for Justina Runkel.*
- Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. **Child of Mother, (state whether 1st, 2d, 3d, &c.)** *The 3rd Child*

2. **Sex, (State whether male or female)** *Male*

3. **Race or color, (if not of the white race)** *White*

4. **Date of Birth,** *The 25th of November*

5. **Place of Birth, (Street and Number)** *No 821 Madison St*

6. **Full Name of Mother,** *Frederic G. Murphy*

7. **Mother's Maiden Name,** *Elizabeth Heasley*

8. **Mother's Birthplace,** *Chambersburg, Pa*

9. **Full Name of Father,** *John J. Murphy*

10. **Father's Occupation,** *Farmer*

11. **Father's Birthplace,** *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Dr. C. C. Sawyer*

Address, *No 1549 Maryland Ave*

Remarks, *Baltimore*

1888

Printed in the State of New York (not valid for other States) and is to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 7488

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Nov. 25th, 1888

4. Place of Birth, (Street and Number)

656 Bradford alley

5. Full Name of Mother,

Camilla Tolt

6. Mother's Maiden Name,

Camilla Tolt

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

James Tolt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary L. Swaine

Address,

21 Luzerne St.

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

A 7489

Sex, (state whether male or female)

Race or Color, (if not of the white race)

White

Date of Birth,

Nov 25 88

Place of Birth, (Street and Number)

661 Hawth St

Full Name of Mother,

Natie Gattcher

Mother's Maiden Name,

Natie Angler

Mother's Birthplace,

Germany

Full Name of Father,

Frank Gattcher

Father's Occupation,

Barber

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. L. H. Fisher

Address,

1435 1st St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 24th child

Sex, (state whether male or female)

female child

2. Race or Color, (if not of the white race)

of the white race

3. Date of Birth,

December the 26th 1888

4. Place of Birth, (Street and Number)

Westmore St. eddy

5. Full Name of Mother,

Maggie Oates

6. Mother's Maiden Name,

Maggie Hardman

7. Mother's Birthplace,

Long Green

8. Full Name of Father,

Francis Patrick Oates

9. Father's Occupation,

father occupation laborer

Father's Birthplace,

father birthplace Capri

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wooden

Address,

936 Greenmount Av

Remarks,

for each office to be recovered as other lines and figures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A 74 91*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *Caucasian*
3. Date of Birth, *Nov 25/1888*
4. Place of Birth, (Street and Number) *122 W. Montross St*
5. Full Name of Mother, *Charlotte Smith*
6. Mother's Maiden Name, *Charlotte Hopkins*
7. Mother's Birthplace, *Hanover, V. A.*
8. Full Name of Father, *William H. Smith*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Sarah Wilson*
- Address, *715 W. Hugh St*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth 7/4/92
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 25 - 88

4. Place of Birth, (Street and Number)

1004 E. Biddle St

5. Full Name of Mother,

Annie. Antone

6. Mother's Maiden Name,

Annie. Haem

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George. Antone

● Father's Occupation,

Cutter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allred

Address,

912 M^c Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 7443*
- Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *November 25th 1888*
4. Place of Birth (Street and Number), *No 1534 Barclay St*
5. Full Name of Mother, *Virginia Roy*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *William T. Roy*
9. Father's Occupation, *Porter*
- Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return. *Angelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* *A. 7444*

Sex, (State whether male or female) *Boy*

Race or color, (if not of the white race) *White*

Date of Birth, *26th of November 1888*

Place of Birth, (Street and Number) *210 Fayette & Chester Street*

Full Name of Mother, *Mary Krause*

Mother's Maiden Name, *Mary Snitker*

Mother's Birthplace, *Baltimore*

Full Name of Father, *William A. Snitker*

Father's Occupation, *Confectionery*

Father's Birthplace, *Baltimore*

Name of Medical Attendant: or other person who makes this Return. *Crescentia Kunkel*

Address, *213 North Chapel St. for Justina Kunkel*

Remarks, *Healthy.*

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A 7495

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 20th 1888

4. Place of Birth, (Street and Number)

346 Federal St

5. Full Name of Mother,

Mrs. Elizabeth Tordella

6. Mother's Maiden Name,

J. E. Tuchsberger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Boyd Tordella

9. Father's Occupation,

Collector

10. Father's Birthplace,

N. Y. City

Name of Medical Attendant, or other Person who makes this Return,

Edmund C. Giddes

Address,

431 E. Howard St.

Remarks,

Report of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *W. White*

3. Date of Birth, *Baltimore Nov 24 1888*

4. Place of Birth, (Street and Number) *122 S. Chapple St.*

5. Full Name of Mother, *Christina Seller*

6. Mother's Maiden Name, *Christina Miller*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Philip Seller*

9. Father's Occupation, *Stevadore work*

Father's Birthplace, *America*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary Arnold*

Address, *410 South Wolfe St*

Remarks, *H*

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall violate the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3A 7497

1. Sex, (state whether male or female) Emma M. Belbin

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Nov 26 1888

4. Place of Birth, (Street and Number)

1026 Johnson St

5. Full Name of Mother,

Dora Belbin

6. Mother's Maiden Name,

Dora Fisher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred Belbin

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. B. Noble, M.D.

Address,

207 W. Main St

Remarks, Full name of child added by father upon applying for a

transcript. Alfred W. Belbin

D. E. Wehm - Reg.

Father

May 6 1893

or persons who shall hereafter fail to comply with the provisions of this Act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than \$100, or to imprisonment for not more than 60 days, or to both such fine and imprisonment.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex (state whether male or female), *Male Child* *7478*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *November 26th 1888*
4. Place of Birth (Street and Number), *No 28 East York St.*
5. Full Name of Mother, *Mary Gertrude Carey*
6. Mother's Maiden Name, *Mary Gertrude Kane*
7. Mother's Birthplace, *Harv. De. Grace. Md.*
8. Full Name of Father, *Charles Joseph Carey*
9. Father's Occupation, *Cypressman*
10. Father's Birthplace, *Baltimore Md.*
11. Name of Medical Attendant, or other person who makes this Return. *Mrs. Ann Taylor*
- Address, *No 41 Guilford Alley*
- Remarks, *Excellent Attendant.*

the Commissioner of Social Hygiene, in the event of any failure to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child A 7499

Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 27th 1888

4. Place of Birth, (Street and Number)

527 Burgundy Alley

5. Full Name of Mother,

Marry Boom

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John King

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Gertrude M. Kohase

Address,

614 Dover St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 7500
2. Sex, (State whether male or female) female
3. Race or color, (if not of the white race) white race
4. Date of Birth, November the 24th
5. Place of Birth, (Street and Number) Baltimore Johnson St 1508
6. Full Name of Mother, Rosa Schuman
7. Mother's Maiden Name, Schultz
8. Mother's Birthplace, Baltimore
9. Full Name of Father, George H Schuman
10. Father's Occupation, laborer
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Hawthorn
- Address, light st No 1514
- Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

A. 7571

Sex (state whether male or female), *Girl*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *Apr 27 - 88*

4. Place of Birth (Street and Number), *Bonvaux St 1509*

5. Full Name of Mother, *Emilie Wiedock*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Germany - Prussia*

8. Full Name of Father, *Joseph Wiedock*

9. Father's Occupation, *carpenter*

Father's Birthplace, *Beichenau - Prussia*

Name of Medical Attendant, *Johanne Jexske*
or other person who makes this Return.

Address, *Garrett St 1363*

Remarks, *Locust Point*

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other dues and penalties are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c) *6th* *A. 7500*
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *November 27, 1898*
4. Place of Birth, (Street and Number) *417 Crover St*
5. Full Name of Mother, *Ella L. Lugal*
6. Mother's Maiden Name, *Ella Whitman*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *William Dubel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this return. *Mary J. Payne*
- Address, *26 Gayne Street*
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7 child A 75 13*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *27 November*

4. Place of Birth, (Street and Number) *Winecart 1601*

5. Full Name of Mother, *Christen Siebert*

6. Mother's Maiden Name, *Cristen zimmerman*

7. Mother's Birthplace, *hessen Dronsted*

8. Full Name of Father, *Andries Siebert*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *hessen Dronsted*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Schumann*

Address, *327 bond st*

Remarks,

Report for birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 7504
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Nov 28 1888

3. Date of Birth,

1460 Williams St

4. Place of Birth, (Street and Number)

Sarah Hinton

5. Full Name of Mother,

Sarah Skinner

6. Mother's Maiden Name,

Dorchester Co

7. Mother's Birthplace,

Theodore Hunter

8. Full Name of Father,

Mechanic

9. Father's Occupation,

Dorchester Co Md

10. Father's Birthplace,

13 Noble Ave

Name of Medical Attendant, or other Person who makes this Return.

201 Waverly Ave

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7505

● Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, 28th of December

4. Place of Birth (Street and Number), 2116 West Pratt

5. Full Name of Mother, Margaretha Abramides

6. Mother's Maiden Name, Margaretha Lueneb. Fick

7. Mother's Birthplace, Prussian Litau

8. Full Name of Father, Weidörfer Abramides

9. Father's Occupation, Taylar

● Father's Birthplace, Prussian Litau

Name of Medical Attendant, or other person who makes this Return. Friedrich Kauler Midwife

Address, 2116 West Pratt

Remarks,

The Registrar of Births and Deaths, Baltimore City, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* A 7607
 1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *Colored*
 3. Date of Birth, *November the 28*
 4. Place of Birth, (Street and Number) *Flura st No 116*
 5. Full Name of Mother, *Ane Smith*
 6. Mother's Maiden Name, *Ane Marshall*
 7. Mother's Birthplace, *Richmore Virginia*
 8. Full Name of Father, *Mytoms Marshall*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Plum Point*
 Name of Medical Attendant, or other person who makes this Return, *Sarah Jane Wilson*
 Address, *Flura st 115*
 Remarks,

Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 7508*
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Nov. 28, 1888.*
4. Place of Birth, (Street and Number) *604 N. Fremont Ave.*
5. Full Name of Mother, *Georgie Eugenia Grumbine*
6. Mother's Maiden Name, *Adelsberger*
7. Mother's Birthplace, *Me.*
8. Full Name of Father, *D. G. Grumbine*
9. Father's Occupation, *Brassman B. & O. R. R.*
10. Father's Birthplace, *Pa.*
- Name of Medical Attendant, or other person who makes this Return, *J. W. Christian M.D.*
- Address, *1821 Madison Ave.*
- Remarks,

Persons who are required to file this report must file it in duplicate for each birth, to be received as other forms and certificates are receivable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th.

A. 76.09

Sex, (state whether male or female)

Female.

2. Race or color, (if not of the white race)

White race.

3. Date of Birth,

Nov. 25/8

4. Place of Birth, (Street and Number)

No. 2013. Hanover St.

5. Full Name of Mother,

R. Mariner Lockerman.

6. Mother's Maiden Name,

L. Hule

7. Mother's Birthplace,

Newcastle, Co. Del.

8. Full Name of Father,

John Lockerman.

9. Father's Occupation,

Laborer.

Father's Birthplace,

Worcester, Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Annie Goss.

Address,

No. 1714 Light St.

Remarks,

Goss. Respectfully.

Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 7510

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 29th 1888

4. Place of Birth (Street and Number),

630 S. Fremont St

5. Full Name of Mother,

Mary Barker

6. Mother's Maiden Name,

Mary Sisk

7. Mother's Birthplace,

Highway Co. Md

8. Full Name of Father,

Geo. Barker

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Dr. Phillips M. D.

Address,

735 W. Lombard St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Balto Nov 29. 1888.*

4. Place of Birth, (Street and Number) *408 D. Chapple St.*

5. Full Name of Mother, *Mary Berger*

6. Mother's Maiden Name, *Mary Gang*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Frank Berger*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary Amend*

Address, *410. South Maple St.*

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10 - A 75 12

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 29 - 1888

4. Place of Birth, (Street and Number)

1213 Bank St.

5. Full Name of Mother,

Mary Agnes Mc Gee

6. Mother's Maiden Name,

" " Kelly

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Jno. Geo. Mc Gee

9. Father's Occupation,

Horseshoer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

P. G. Lauschman

Address,

1727 E. Balto. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* (Twins) *7673*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 27th 1888*
4. Place of Birth, (Street and Number) *248 S. Collington Ave.*
5. Full Name of Mother, *Edith C. Murphy*
6. Mother's Maiden Name, *" " Jones*
7. Mother's Birthplace, *Dorchester Co. Md.*
8. Full Name of Father, *Calvin A. Murphy*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *Dorchester Co. Md.*
11. Name of Medical Attendant, or other person who makes this Return, *James H. Thane, M.D.*
- Address, *2225 E. Pratt St.*
- Remarks, *Premature Birth - Lived 10 minutes*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* - *7514*
- Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Nov 10th 1888*
4. Place of Birth, (Street and Number) *611 Park ave*
5. Full Name of Mother, *Susan Elliott Stewart*
6. Mother's Maiden Name, *Susan Elliott*
7. Mother's Birthplace, *Worcester Co Md*
8. Full Name of Father, *Arthur Stewart*
9. Father's Occupation, *Attorney at Law*
10. Father's Birthplace, *Baltimore - Md*
- Name of Medical Attendant, or other person who makes this Return, *James H. Stewart Md*
- Address, *611 Park ave*
- Remarks, *One hour - Natural*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 75-15

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

1 November 1888

4. Place of Birth (Street and Number),

Litchman St. Baltimore

5. Full Name of Mother,

Margue Heim

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Marie Fell

Address,

L. Bond St. 807

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Mendel 7378
1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race).....
3. Date of Birth, Nov. 1st 88
4. Place of Birth, (Street and Number)..... 402 W. Pratt St.
5. Full Name of Mother, Lena Toint
6. Mother's Maiden Name,..... Schnitzger
7. Mother's Birthplace,..... Austria
8. Full Name of Father, Samuel Toint
9. Father's Occupation,..... Button Hole Maker
10. Father's Birthplace,..... Austria
- Name of Medical Attendant, or other person who makes this Return. W. Scherman
- Address, Albemarle St. N. 103.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 7577

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 1/88

4. Place of Birth, (Street and Number) 143 Mary St

5. Full Name of Mother, Mary Hunter

6. Mother's Maiden Name, Mary Byers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ed. Hunter

9. Father's Occupation, Barryman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Alb. Cole
or other Person who makes this Return.

Address, 2102 Madison St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A

7518

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

November the 21st

4. Place of Birth, (Street and Number)

Baltimore William St

5. Full Name of Mother,

Ellice L Short

6. Mother's Maiden Name,

single

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

John Short

9. Father's Occupation,

Chemist

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hathorn

Address,

light St No 1514

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d 7514

1. Sex (state whether male or female),

Female.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

Nov 2d 1891.

4. Place of Birth (Street and Number),

Mount T. George St.

5. Full Name of Mother,

Annes J. Redfern

6. Mother's Maiden Name,

Anne J. Spencer.

7. Mother's Birthplace,

Pennsylvania.

8. Full Name of Father,

Charles E. Redfern.

9. Father's Occupation,

House Painter.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

John Pennington M.D.

Address,

804 N. Carrollton Ch

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A 7520*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 3 / 88*

4. Place of Birth, (Street and Number) *2406 St Paul St.*

5. Full Name of Mother, *Sarah Martine Montgomery*

6. Mother's Maiden Name, *Sarah Martine*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jm. Montgomery*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Conn.*

Name of Medical Attendant, or other Person who makes this Return. *A. C. Polk*

Address, *2102 Madison Ave*

Remarks,

RETURN OF A BIRTH.

Over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Armond Wagner Sisson
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child 7021
 1. Sex (state whether Male or Female) Male.
 2. Race or Color (if not of the white race) White.
 3. Date of Birth Apr. 3rd 1888.
 4. Place of Birth (Street and Number) 2210 Oak St
 5. Full Name of Mother Mattie Wren Sisson
 6. Mother's Maiden Name Mattie Wren.
 7. Mother's Birthplace Yorkport. Va
 8. Full Name of Father Mr. B. Sisson
 9. Father's Occupation Marble Dealer
 10. Father's Birthplace Baltimore.
 Name of Medical Attendant, or other Person who makes this Return. Dr. F. Brown
 Address 807 Catharine St.
 Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7522

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 4th

4. Place of Birth, (Street and Number) 1529 India St.

5. Full Name of Mother, Alfred Lindler

6. Mother's Maiden Name, Adel Beinholtz

7. Mother's Birthplace, Salisbury

8. Full Name of Father, C. Herbert Lathrop

9. Father's Occupation, Lawyer

10. Father's Birthplace, Ham, East

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. [illegible]*

Address, 400 Cathedral St.

Remarks, 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

7533

● Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov. 5th, 1888.

4. Place of Birth (Street and Number),

1336 N. Eden St.

5. Full Name of Mother,

Adelaide Seipp

6. Mother's Maiden Name,

" Simmons

7. Mother's Birthplace,

Balto., Md.

8. Full Name of Father,

Thos. Frank Seipp

9. Father's Occupation,

Car driver.

10. Father's Birthplace,

Maryland.

Name of Medical Attendant, or other person who makes this Return.

Edwidge C. Price, M.D.

Address,

1013 Linden Ave.

Remarks,

and each signature, if it is required as our laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Mollie A. 7524

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race). White

3. Date of Birth, Nov. 5th 1888

4. Place of Birth, (Street and Number) 1236 E. Fayette St.

5. Full Name of Mother, Brocha Schwartz

6. Mother's Maiden Name, Woelf

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Schwartz

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, at 1236 E. Fayette St. at 1236

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th Sixth.* *A. 7620*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Am. 5th, 1881.*
4. Place of Birth (Street and Number) *1617 Johns St*
5. Full Name of Mother *Kate Webb Leaning*
6. Mother's Maiden Name *Kate Webb.*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Fred'k A. Leaning*
9. Father's Occupation *Coffee Merchant*
10. Father's Birthplace *Balto. Md.*
Name of Medical Attendant, or other Person who makes this Return. *C. F. Brown Md*
Address *807 Cathedral St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A 7526

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

6th November 1888

4. Place of Birth, (Street and Number)

1028 Johnson St

5. Full Name of Mother,

Virginia Bahulein

6. Mother's Maiden Name,

Seaward

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael J Bahulein

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Jewell

Address,

516 Pratt Ave

Remarks,

Any person who neglects to return this form, or who returns a false statement, is liable to a fine of ten dollars for each offence, to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th* *A. 7027*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 7/88*
4. Place of Birth, (Street and Number) *Talley - Retreat St*
5. Full Name of Mother, *Georganna Bitter*
6. Mother's Maiden Name, *Georganna Lapp*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Geo H Bitter*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *A. C. Pole*
- Address, *2102 Madison Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 7528

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 7 1888

4. Place of Birth, (Street and Number) 1822 Penna av

5. Full Name of Mother, Caroline Baumann

6. Mother's Maiden Name, Caroline Jenner

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas H Baumann

9. Father's Occupation, Carpenter

10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other Person who makes this Return, A. C. Cole

Address, 2102 Madison av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *A 7529*
1. Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *white*
3. Date of Birth, *7. 10. 100*
4. Place of Birth (Street and Number), *Calver St No. 424*
5. Full Name of Mother, *Ellen Evans*
6. Mother's Maiden Name, *Ellen Shuttle*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Evans*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
1. Name of Medical Attendant, or other person who makes this Return. *Mar. J. Fisher*
- Address, *417 Miller St.*
- Remarks,

For each entrance, to be recovered as other files and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 75-30

Sex, (State whether male or female) Male

Race or color, (if not of the white race) White

Date of Birth, 8 Nov '88

Place of Birth, (Street and Number) 436 St Chapple St

Full Name of Mother, Mary Sosky

Mother's Maiden Name, Peter

Mother's Birthplace, Bohemia

Full Name of Father, John Sosky

Father's Occupation, Laborer

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kaptist

Address, 287 St Washington St

Remarks,

Secured to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 8 Jan 1880

4. Place of Birth, (Street and Number) 208 1/2 Washington St

5. Full Name of Mother, Mary Benesh

6. Mother's Maiden Name, " " Klina

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Benesh

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Mary Koptosh

Address, 208 1/2 Washington St

Remarks,

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

A. 7032

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 8 Nov 1888

4. Place of Birth, (Street and Number) 924 Duham st

5. Full Name of Mother, Dartora Souhlik

6. Mother's Maiden Name, Kodika

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Kodika

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptel

Address, 207 N. Washington st

Remarks,

Jecked to the fine of ten (10) dollars for each offence, to be recovered as under fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 7533

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 8th

4. Place of Birth, (Street and Number) 753 Mulberry

5. Full Name of Mother, Mrs. F. M. Russell

6. Mother's Maiden Name, Annie S. Stern

7. Mother's Birthplace, City

8. Full Name of Father, Marion Russell

9. Father's Occupation, machinist

10. Father's Birthplace, City

11. Name of Medical Attendant, or other Person who makes this Return, H. H. Hill M.D.

Address, 1001 Elmwood Ave

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st A. 7534
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) W.
3. Date of Birth Nov. 8. 1888.
4. Place of Birth (Street and Number) 1045 Guilford St.
5. Full Name of Mother Mrs. E. Durnay
6. Mother's Maiden Name _____
7. Mother's Birthplace England
8. Full Name of Father E. Durnay
9. Father's Occupation Latimer & Stevens
10. Father's Birthplace France
- Name of Medical Attendant, or other Person who makes this Return Chas. E. Johnston M.D.
- Address 201 W. Franklin St.
- Remarks born

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 7335
Male

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 9-88

4. Place of Birth, (Street and Number)

1846 E. Boundary Ave

5. Full Name of Mother,

Lola C. Sapp

6. Mother's Maiden Name,

" " Phipps

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Joseph F. Sapp

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth A 7536
Male

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 9 - 88

4. Place of Birth, (Street and Number)

1442 N. Gay St

5. Full Name of Mother,

Ida May Jones

6. Mother's Maiden Name,

" " Hardaway

7. Mother's Birthplace,

Md

8. Full Name of Father,

Edward Jones

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

412 N. Donogh St

Remarks,

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 7537
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 9 Nov 1880
4. Place of Birth, (Street and Number) 920 Durham St
5. Full Name of Mother, Mary Haduk
6. Mother's Maiden Name, Mary Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Haduk
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Bohemia
11. Name of Medical Attendant, or other person who makes this Return, Mary Kofelst
- Address, 207 W Washington St
- Remarks, _____

any such person or persons who shall hereafter be convicted of this offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Fannie 7538

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 10/88

4. Place of Birth, (Street and Number)

715 E. Fayette St.

5. Full Name of Mother,

Rachel Greenberg

6. Mother's Maiden Name,

Goldschtein

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Morris Greenberg

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address, Albemarle

St N 103

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any civil person who neglects to pay the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 7039

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 10 Nov 1888

4. Place of Birth, (Street and Number) 413 Griffin Court

5. Full Name of Mother, Mary Hill

6. Mother's Maiden Name, Cooper

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hill

9. Father's Occupation, Mechanic

10. Father's Birthplace, Indiana

Name of Medical Attendant, or other person who makes this Return, Mary Replish

Address, Washington St 1887

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 7540
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white race
3. Date of Birth, November the 11th
4. Place of Birth, (Street and Number) Baltimore Port St No 68
5. Full Name of Mother, Nellie Bolander
6. Mother's Maiden Name, Gerswein
7. Mother's Birthplace, Maryland
8. Full Name of Father, George W Bolander
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Fleethorn
- Address, Light St No 1514
- Remarks,

such person or persons who shall hereafter fail to comply with the provisions of this act as to the recording of births and deaths, or who shall be convicted of any offense under this act, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *Georck* *7541*
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Nov. 11th 1888*
4. Place of Birth, (Street and Number) *58 Market Space*
5. Full Name of Mother, *Annie Appel*
6. Mother's Maiden Name, *Mozel*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Conrad Appel*
9. Father's Occupation, *Basket Maker*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return *E. Scherman*
- Address, *14 Lemare St. 103.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 7542
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 12 Nov 1897
4. Place of Birth, (Street and Number) 616 S Washington St
5. Full Name of Mother, Annie Clarke
6. Mother's Maiden Name, Clarke
7. Mother's Birthplace, America
8. Full Name of Father, James Clarke
9. Father's Occupation, Turn Keyer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this return. Mary Kaptich
- Address, 207 S Washington
- Remarks, _____

any other person or persons who is or are convicted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

December 12

4. Place of Birth, (Street and Number)

Thrace St No 121

5. Full Name of Mother,

Mary Megge

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Richmond Virginia

8. Full Name of Father,

Nathaniel Megge

9. Father's Occupation,

labore

10. Father's Birthplace,

Richmond Virginia

Name of Medical Attendant, or other person who makes this Return.

Marrah Jane Wilson

Address,

Thrace St 115

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED - 8-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Hardt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A. 7544*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 13, 1888*

4. Place of Birth, (Street and Number) *116 Mary St*

5. Full Name of Mother, *Catherine Hardt*

6. Mother's Maiden Name, *Catherine Grossman*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Adam (Hardt) Hardt*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Balto.*

11. Name of Medical Attendant, or other Person who makes this Return. *W. C. Poles*

Address, *2102 Madison Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth 7345
Male

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

November 13-88

4. Place of Birth, (Street and Number)

No 1407 N. Bond St

5. Full Name of Mother,

Mary C. Staylor

6. Mother's Maiden Name,

" " Washington

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Samuel Staylor

9. Father's Occupation,

clerk

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary C. Caldwell

Address,

12 W. Kennerly St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d A 7546
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 13th 1888
4. Place of Birth, (Street and Number) 1645 E. Spring St.
5. Full Name of Mother, Schubert
6. Mother's Maiden Name, Henkel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Schubert
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany
11. Name of Medical Attendant, John Morris M.D.
or other Person who makes this Return.
- Address, 118 E. Franklin St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Abram 7547

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov. 14th 88

4. Place of Birth, (Street and Number) 503 W. Pratt St.

5. Full Name of Mother, Sarah Miller

6. Mother's Maiden Name, Salsman

7. Mother's Birthplace, Russia

8. Full Name of Father, Barnett Miller

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, Chesapeake St. W. 103.

Remarks, _____

jected to the fine of ten (10) dollars for each offence, to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 7548

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov. 14, 1888

4. Place of Birth, (Street and Number) 2900 Hickson St.

5. Full Name of Mother, Catharine Hubbard

6. Mother's Maiden Name, Catharine Connigan

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Hubbard

9. Father's Occupation, Lab. or

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Dr. J. J. Mayne

Address, 26 Luzerne St.

Remarks, _____

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
 Sex (state whether male or female), *Female*
 Race or Color (if not of the white race), *white*
 3. Date of Birth, *14th Nov.*
 4. Place of Birth (Street and Number), *907 Hillen St.*
 5. Full Name of Mother, *Anna Witt*
 6. Mother's Maiden Name, *Anna Hengel*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Henry Witt*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *Wm. C. Bond M.D.*
 Address, *907 Hillen St.*
 Remarks,

The small hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5 A. 7550

☒ Sex, (state whether male or female) girl

2. Race or color, (if not of the white race). white

3. Date of Birth, November 14th 1888

4. Place of Birth, (Street and Number) Baltimore Cooper place

5. Full Name of Mother, Emma Lafferty

6. Mother's Maiden Name, Emma Mullen

7. Mother's Birthplace, Carroll County

8. Full Name of Father, William Lafferty

9. Father's Occupation, Coiner

☒ Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mitchell

Address, _____

Remarks, No 112 Callender Street Baltimore

jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th A. 7557*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 14*
4. Place of Birth, (Street and Number) *809 Hillen St Baltimore*
5. Full Name of Mother, *Maria Laughlin*
6. Mother's Maiden Name, *Maria Roddy*
7. Mother's Birthplace, *Galway Ireland*
8. Full Name of Father, *John Joseph Roddy*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Wexford Ireland*
- Name of Medical Attendant, or other Person who makes this Return, _____
- Address, *Mrs. Wooden*
- Remarks, *936 Greenmount Av*

Report its birth to the Commissioner of Health, Baltimore City, and to the Registrar of Vital Statistics, Baltimore City, and to the City Prisons and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 7585

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 15 Nov 1898

4. Place of Birth, (Street and Number) 238 Chaffin St

5. Full Name of Mother, Kate Koch

6. Mother's Maiden Name, " Koch

7. Mother's Birthplace, Germany

8. Full Name of Father, Emad Koch

9. Father's Occupation, Salt-mar

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kaptist

Address, 207 A Washington St

Remarks,

any such person or persons who shall neglect to be recovered as other fines and forfeitures are recoverable, jected to the fine or ten (10) dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 7553

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth 15 Apr 1878

4. Place of Birth, (Street and Number) 2116 Myer

5. Full Name of Mother, Mary Dvorasch

6. Mother's Maiden Name, Lupelt

7. Mother's Birthplace, Poland

8. Full Name of Father, Joseph Dvorasch

9. Father's Occupation, Driver

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kaptis

Address, 207 E. 13th St. Washington

Remarks, _____

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 76324

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 15 Nov 88

4. Place of Birth, (Street and Number) 529 Lancaster St

5. Full Name of Mother, Caroline Sampard

6. Mother's Maiden Name, Sampard

7. Mother's Birthplace, Germany

8. Full Name of Father, John Sampard

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Chas. Kaptala

Address, 207 of Washington St.

Remarks,

any false statement of the facts herein, or the omission of any material fact, shall be deemed to be a misdemeanor, and the person making the same shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A 7533

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 15 of White

4. Place of Birth, (Street and Number) 407 of Washington

5. Full Name of Mother, Minnie Granger

6. Mother's Maiden Name, Granger

7. Mother's Birthplace, Pike Md

8. Full Name of Father, for Granger

9. Father's Occupation, Book binder

10. Father's Birthplace, Hagerston Md

Name of Medical Attendant, or other person who makes this Return. Mary Hopfist

Address, of Washington at 257

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4 A 7508

1. Sex, (state whether male or female) white girl

2. Race or color, (if not of the white race) _____

3. Date of Birth, November 15th 1888

4. Place of Birth, (Street and Number) Baltimore Lemon 1040

5. Full Name of Mother, Fanny Peters

6. Mother's Maiden Name, Fanny Mass

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jahn Peters

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, _____

Remarks, No 112 Callendar Street Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7657

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 16th 1888

4. Place of Birth, (Street and Number)

1020 Russell St

5. Full Name of Mother,

Mary Louisa Schmidt

6. Mother's Maiden Name,

Mary Louisa Bohlayer

7. Mother's Birthplace,

Franklin County Maryland

8. Full Name of Father,

Herman N Schmidt

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Alfred W. Belt, M.D.

Address,

1010 Cathedral St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward William Kuhn

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7508

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white race

3. Date of Birth,

November the 16th, 1888

4. Place of Birth, (Street and Number)

Baltimore port st no 1029

5. Full Name of Mother,

Emma Kuhn

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William F. Kuhn

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hathon

Address,

light st no 1514

Remarks,

GIVEN NAME ADDED 3-26-54

L.M.

For persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 7039*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov. 17, 1898*

4. Place of Birth, (Street and Number) *210 S. Lancaster St.*

5. Full Name of Mother, *Gardner Dickerson*

6. Mother's Maiden Name, *Ardenne Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Dickerson*

9. Father's Occupation, *House Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary J. Swann*

Address, *210 S. Lancaster St.*

Remarks,

Noted to the file of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

A 7560
female

Colored

17 of Nov

425 Board Court

Maggie Heather Hopper

Mary Smith

Alexandria Va

James Hopper

Crofters Street

Dor Chester County Maryland

Lucy Cromwell

Jordan City

906

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd A 7561*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 17th 1888*

4. Place of Birth, (Street and Number) *1012 Milton Place*

5. Full Name of Mother, *Annie W. Douns*

6. Mother's Maiden Name, *" " Lehman*

7. Mother's Birthplace, *Philadelphia Pa.*

8. Full Name of Father, *Robert E. Douns*

9. Father's Occupation, *Merchandise Broker*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Dr. E. C. Gibson, M.D.*

Address, *893 Edmundson ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A. 7563

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 17 November 1899

4. Place of Birth, (Street and Number) 112 of Durham St

5. Full Name of Mother, Barbara Endrie

6. Mother's Maiden Name, Endrie

7. Mother's Birthplace, Bohemia

8. Full Name of Father, William Endrie

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kaptish

Address, 207 of Washington St

Remarks,

any such person of person who shall hereafter be found to comply with the provisions of this section shall be liable to the fine of ten dollars for each offence, to be recovered in civil action, to be recovered in civil action, to be recovered in civil action.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd 7561

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 17th 1888

4. Place of Birth, (Street and Number)

1012 Milton Place

5. Full Name of Mother,

Annie W. Downs

6. Mother's Maiden Name,

11

Lehman

7. Mother's Birthplace,

Philadelphia Pa.

8. Full Name of Father,

Robert E. Downs

9. Father's Occupation,

Merchandise Broker

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Geo. E. Gibbons, M.D.

Address,

833 Edmondson ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th A. 7362

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 17th 1888

4. Place of Birth, (Street and Number)

107 S. Shickler St

5. Full Name of Mother,

Caroline L. Sheppard

6. Mother's Maiden Name,

" " Douglass

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James W. Sheppard

9. Father's Occupation,

Plumber & Gas Fitter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Dr. J. C. Gilman M.D.

Address,

833 Edmondson Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A. 7563

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 17 November 1888

4. Place of Birth, (Street and Number) 112 of Durham St

5. Full Name of Mother, Barbara Endrie

6. Mother's Maiden Name, Endrie

7. Mother's Birthplace, Bohemia

8. Full Name of Father, William Endrie

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this return, Mary Kaptich

Address, 207 of Washington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

B. 7064

Sex, (State whether male or female) Boy

2. Race or color, (if not of the white race) White

3. Date of Birth, 18 Nov 1888

4. Place of Birth, (Street and Number) 413 Chaffin St

5. Full Name of Mother, Cornelius Steinfurhagen

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Maxwell Steinfurhagen

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, Mary Kiptish
or other person who makes this Return.

Address, 207 W Washington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7563

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 18/88

4. Place of Birth (Street and Number),

311 S. Register St.

5. Full Name of Mother,

Susan A Smith

6. Mother's Maiden Name,

Susan A Lane

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Daniel X Smith

9. Father's Occupation,

Trunkmaker

10. Father's Birthplace,

New Jersey

Name of Medical Attendant,

or other person who makes this Return

Arthur A. Hoopman M.D.

Address,

Baltimore University Hospital 21629 N. Bond St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th child 7566

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 15th 1888

4. Place of Birth (Street and Number),

727 Eason St

5. Full Name of Mother,

Lettie Rutley

6. Mother's Maiden Name,

Lettie Roberts

7. Mother's Birthplace,

England

8. Full Name of Father,

Thos Rutley

9. Father's Occupation,

Electrician

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

B. A. Phillips

Address,

725 W. Lombard St

Remarks,

For each column, it is required as other lines and for future are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 1st 1898*

4. Place of Birth, (Street and Number) *H 928 123rd*

5. Name of Mother, *Maggie Buisch*

6. Mother's Maiden Name, *Stietgen*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Jacob Buisch*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. S. K.*

Address, *H 928*

Remarks,

to be delivered, duly signed by the practitioner in the form of a certificate between the
or each and every month to the office of the Commissioner of Health. In case the birth of any
without the attendance of a physician or practitioner of midwifery, or should no other person
report the birth to the Commissioner of Health, in the manner and within the period above required,
a person or persons who shall hereafter fail to comply with the provisions of this section shall be
the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 75-67

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 3d Nov 1881

4. Place of Birth, (Street and Number) 10904 Dusham

5. Full Name of Mother, Mary Shuk

6. Mother's Maiden Name, Bernard

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Shuk

9. Father's Occupation, Tailor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Popitich

Address, 207 N. Washington St

Remarks.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd - A 7588

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 1971

4. Place of Birth, (Street and Number) 933 Pennsylvania Ave

5. Full Name of Mother, Clara C. Smith

6. Mother's Maiden Name, " Shelly

7. Mother's Birthplace, City

8. Full Name of Father, W. H. Smith

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, W. H. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 7569
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 20 - 88

4. Place of Birth, (Street and Number)

1825 Harford Ave

5. Full Name of Mother,

Clara L. Frederick

6. Mother's Maiden Name,

" " Matheuz

7. Mother's Birthplace,

MD

8. Full Name of Father,

Andrew J. Frederick

9. Father's Occupation,

Car Conductor

Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allen

Address,

912 W. Donogh St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First. A 75-70*

Sex, (State whether male or female) *Female.*

Race or color, (if not of the white race) *White*

Date of Birth, *First of November.*

Place of Birth, (Street and Number) *Baltimore. 716 Columbia St.*

Full Name of Mother, *Mrs. Caroline M. Remy,*

Mother's Maiden Name, *Caroline Frabandt.*

Mother's Birthplace, *Baltimore.*

Full Name of Father, *George W. M. Remy,*

Father's Occupation, *Produce Dealer.*

Father's Birthplace, *Baltimore.*

Name of Medical Attendant, *Catherine Leekach*
or other person who makes this Return.

Address, *735 W. Pratt St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

NAME ADDED 11-13-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mollie Reitze*

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7071

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

1 November, 1888

4. Place of Birth, (Street and Number)

Morton Ave. # 147

5. Full Name of Mother,

Louisa Reitze

6. Mother's Maiden Name,

Louisa Schmiedeler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry P. Reitze

9. Father's Occupation,

light maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Catherine Schinck

Address,

800 Leadenhall Street.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED ~~10-19-53~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Arthur Tewes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

A. 75-72

Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race)

White.

3. Date of Birth

Thursday ~~Feb~~ Nov. 1st. 1888.

4. Place of Birth, (Street and Number)

1312 Chew St.

5. Full Name of Mother,

Louisa L. ~~Dean~~ TEWES

6. Mother's Maiden Name,

Louisa L. Hartung.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Charles William ~~Dean~~ TEWES

9. Father's Occupation,

Bookkeeper.

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Wilmer Brinton, M.D.

Address,

Charles St. ~~Green~~ Place,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first **A.** 75 73

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasoid Caucasoid

3. Date of Birth,

November 1, 1888

4. Place of Birth, (Street and Number)

1386 West 1st St. St. Patismore

5. Full Name of Mother,

Elizabeth Hawkins

6. Mother's Maiden Name,

Willie Johnson

7. Mother's Birthplace,

Baltimore County Md.

8. Full Name of Father,

Willie Franklin Johnson

9. Father's Occupation,

Working for prospecting business

10. Father's Birthplace,

Ebene Washington D.C.

Name of Medical Attendant, or other person who makes this Return.

Sarah Balling

Address,

1010 Vincent St. Bldg

Remarks,

first

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 ^A 7574
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November /88

4. Place of Birth, (Street and Number)

N^o 2224 Essex St

5. Full Name of Mother,

Lisbeth Schoeberlein

6. Mother's Maiden Name,

Friedrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schoeberlein

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 birth A. 7576

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 2d 10 minutes after 8 o'clock

4. Place of Birth, (Street and Number) 527 South Bond Street

5. Full Name of Mother, Mary E. Powell

6. Mother's Maiden Name, Mary E. Barnes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert W. Powell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Master Hensen

Address, Heren Court 200-

Remarks,

for each offense to be recorded as other than and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A 7576

Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Nov. 2nd

4. Place of Birth, (Street and Number)

1504 Mc Henry st.

5. Full Name of Mother,

Katie Shanks

6. Mother's Maiden Name,

" Dietrich

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

George Shanks

9. Father's Occupation,

Shoemaker

Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

C. L. Buddenbom

Address,

1718 S. Paca st.

Remarks,

any such person as shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or persons to whom returned, and for each office to be returned at other times and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth* *A. 70 78*
2. Sex, (state whether male or female) *Female*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *November 2nd 1888*
5. Place of Birth, (Street and Number) *921 Huntington Ave S.W.*
6. Full Name of Mother, *Elizabeth Smith*
7. Mother's Maiden Name, *"* *Face*
8. Mother's Birthplace, *Maryland*
9. Full Name of Father, *Wm. Smith*
10. Father's Occupation, *Blacksmith*
11. Father's Birthplace, *Maryland*
12. Name of Medical Attendant, (or other person who makes this Return.) *R. P. Vornment M.D.*
- Address, *160 Chestnut Ave. Hampden.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A. 7579

Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 2nd

4. Place of Birth, (Street and Number)

No 215 N. Brooke St.

5. Full Name of Mother,

Lidia Bunch

6. Mother's Maiden Name,

Lidia A. Collison

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John L. Bunch

9. Father's Occupation,

Corn maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Josephine Knepper

Address,

No 2321 E. Fayette St

Remarks,

any such person of persons who shall heretofore fail to comply with the provisions of this section shall be and be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(over)

Name of Child, *George W. Bittingslea*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *A. 7680*
Sex, (state whether male or female) *male*
2. Race or color, (if not of the white race)
3. Date of Birth, *Nov. 3^d 1885*
4. Place of Birth, (Street and Number) *35 Woodberry Ave. Balt.*
5. Full Name of Mother, *Anna M. Bittingslea*
6. Mother's Maiden Name, *Anna M. Shriner*
7. Mother's Birthplace, *Carroll Co. Md*
8. Full Name of Father, *David W. Bittingslea*
9. Father's Occupation, *Supt. of Ice Manufacturing*
10. Father's Birthplace, *Balt. Co. Md.*
Name of Medical Attendant, or other person who makes this Return, *Geo. T. Shover M.D.*
Address, *119 Third Ave. Woodberry Ave. Balt. Md*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th **A 758**

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Nov. 30 1888

4. Place of Birth, (Street and Number)

1037 N. Aldies

5. Full Name of Mother,

Elizabeth Hutchinson

6. Mother's Maiden Name,

" Westing

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos Hutchinson

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham MD

Address,

Remarks,

any person who neglects to file this return, shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 7582

1. Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race).

3. Date of Birth,

Nov 3

4. Place of Birth, (Street and Number)

422 W Franklin St

5. Full Name of Mother,

Dora Fieget

6. Mother's Maiden Name,

Dora Stratmeyer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Conrad Fieget

9. Father's Occupation,

Marine Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Edith J. J. J. J.

Address,

800 Seadenhall Street.

Remarks,

Any such person as shall neglect to file this return, or shall file a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 8

A. 7583

Sex, (state whether male or female)... Female

2. Race or color, (if not of the white race)... Colored

3. Date of Birth, November 3rd 1890

4. Place of Birth, (Street and Number)... 1116 Little Mission Street

5. Full Name of Mother, Anne Smith

6. Mother's Maiden Name, Anne Snowden

7. Mother's Birthplace, Edinton Md

8. Full Name of Father, James P. Smith

9. Father's Occupation, Farmer

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return, Mary E. Jones

Address, 1121 Saratoga Ave

Remarks, Baltimore Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

A 7584

☒ Sex, (state whether male or female) _____

female 1st 2d

2. Race or color, (if not of the white race) _____

White

3. Date of Birth, _____

Nov 4th

4. Place of Birth, (Street and Number) _____

11.74

Sasfras St

5. Full Name of Mother, _____

Theresa Ellen Dorsey

6. Mother's Maiden Name, _____

maiden name Mrs. Nagata

7. Mother's Birthplace, _____

Baltimore

8. Full Name of Father, _____

George William Dorsey

9. Father's Occupation, _____

Laborer

10. Father's Birthplace, _____

Baltimore

Name of Medical Attendant, or other person who makes this Return _____

Mrs. Benge

Address, _____

22. Grand St.

Remarks, _____

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A-7585*
 Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Nov 24th*
 4. Place of Birth, (Street and Number) *720 Portland St*
 5. Full Name of Mother, *Mary Agnes Fitzsimmons*
 6. Mother's Maiden Name, *" " Murphy*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Christopher E Fitzsimmons*
 9. Father's Occupation, *Horseman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Debech*
 Address, *735 N. Pratt St*
 Remarks,

Each birth return by persons who are not duly qualified to make the same, or who make the same with intent to defraud, is liable to a fine of ten dollars for each offense, and infirmities are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A 7586

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

3. Date of Birth,

4 November

4. Place of Birth, (Street and Number)

1105

Central Avenue

5. Full Name of Mother,

Grace
Freil
Thobst

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul
Freil

9. Father's Occupation,

Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return.

Dr. J. H. Smith

Address,

1105 Central Avenue

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each failure. The fees provided in other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

A. 7087

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

White.

3. Date of Birth,

Apr. 4th. 1881.

4. Place of Birth, (Street and Number)

1130 Greenmount Ave,

5. Full Name of Mother,

Eliza J. Burger.

6. Mother's Maiden Name,

Eliza J. Woodward

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Frederick Burger,

9. Father's Occupation,

Alumet.

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other person who makes this Return.

Wilmer Bruntin M.D.

Address,

Chas. St. + German Place.

Remarks,

child to report its birth to the Commissioner of Health, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 7588

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th Nov 1888

4. Place of Birth, (Street and Number)

1616 Baker St

5. Full Name of Mother,

Annie Elmer Dove

6. Mother's Maiden Name,

Annie Elmer Cherry

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Harry Dove

9. Father's Occupation,

Car-driver

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Sarah Ralston

Address,

1616 Vincent Alley near Baker

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A 7589

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Nov 4

4. Place of Birth, (Street and Number)

Baltimore street 1008

5. Full Name of Mother,

Annie E Kammer

6. Mother's Maiden Name,

List

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

D Wm Kammer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Catherine D. Minnick

Address,

800 Leadenhall Street

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar' of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A. 7590*

Sex, (State whether male or female) *Female*

2. Race or color, (~~if not~~ of the white race).....

3. Date of Birth, *Nov 4 - 1898*

4. Place of Birth, (Street and Number) *2112 Frederick Ave*

5. Full Name of Mother, *Liza Bertha Carolus*

6. Mother's Maiden Name, *Bertha Meantel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Fredrick Carolus*

9. Father's Occupation, *Tobacco Factory Employee*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *C. C. McDowell M. D.*

Address, *1521 W. Fayette St*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Helen Hewlett Stough* *in A. 7591*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Nov 4th 88*
4. Place of Birth (Street and Number), *Cor Townsend & Maryland av*
5. Full Name of Mother, *Elizabeth Stough*
6. Mother's Maiden Name, *Elizabeth Hewlett*
7. Mother's Birthplace, *California*
8. Full Name of Father, *James Stough*
9. Father's Occupation, *Book Keeper*
10. Father's Birthplace, *Va*

Name of Medical Attendant, or other person who makes this Return.

Dr. Knapp

Address,

607 N Charles St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 LA 7592
 1. Sex, (state whether male or female). Male
 2. Race or color, (if not of the white race). white
 3. Date of Birth, Nov. 4 A
 4. Place of Birth, (Street and Number) 770 Columbia Ave
 5. Full Name of Mother, Sophia Lenderking
 6. Mother's Maiden Name, " Steig
 7. Mother's Birthplace, York, Pa.
 8. Full Name of Father, Phil. Lenderking
 9. Father's Occupation, Linman
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return C. L. Biddens
 Address, 418 S. Paca St.
 Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

300

7593

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 5

4. Place of Birth (Street and Number),

Park St. E. E. E. E. E.

5. Full Name of Mother,

Mary Howard

6. Mother's Maiden Name,

Mary Keeler

7. Mother's Birthplace,

Bath Me

8. Full Name of Father,

Edmond Howard

9. Father's Occupation,

Merchant

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Dr. Thomas

Address,

Co. 7 N. Charles

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child* **7594**
 Sex (state whether male or female), *Female*
 Race or Color (if not of the white race), *White*
 Date of Birth, *5th of November*
 Place of Birth (Street and Number), *# 649 North Bala. St*
 Full Name of Mother, *Amelia Banner*
 Mother's Maiden Name, *Amelia Richel*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Otto Banner*
 Father's Occupation, *Bar tender*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. J. de Sutter*
 Address, *# 415 New. St. Balt.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 7595
 Sex (state whether male or female), Female
 2. Race or Color (if not of the white race), White
 3. Date of Birth, Nov 5 1888
 4. Place of Birth (Street and Number), 2131 Division St
 5. Full Name of Mother, Rose Massieu
 6. Mother's Maiden Name, Kelly
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Julian Massieu
 9. Father's Occupation, Driver Bat Fire Department
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, Chas E. Indtite - M.D. or other person who makes this Return.
 Address, 2100 South Ave
 Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 A. 7596
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 5th 1888
4. Place of Birth, (Street and Number) 304 N Carey
5. Full Name of Mother, Amelie Irving Durfee
6. Mother's Maiden Name, Amelie Irving
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David M Durfee
9. Father's Occupation, Lawyer
10. Father's Birthplace, New York
- Name of Medical Attendant, or other Person who makes this Return. F. B. Chataud Jr
- Address, 516 Park Ave
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 7597

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

3. Date of Birth,

5 November

4. Place of Birth, (Street and Number)

1208 Eager St.

5. Full Name of Mother,

St. Ignace Ruppert

6. Mother's Maiden Name,

Malinaga

7. Mother's Birthplace,

Belgium

8. Full Name of Father,

John Ruppert

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Belgium

Name of Medical Attendant, or other person who makes this Return,

Anna Malinaga

Address,

1208 Eager St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 7598

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Nov 5th 1889.

4. Place of Birth, (Street and Number) 125 Cordine st.

5. Full Name of Mother, Anna Marie Backhausen

6. Mother's Maiden Name, Fennel.

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Backhausen

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Eliza Dief

Address, 1748 Bank st

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as above provided, and the same shall be recoverable.

GIVEN NAME ADDED 3-21-57
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry G. Boss

● of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

A. 7599

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 5, 1888 1888

4. Place of Birth, (Street and Number)

No 607 South Charles St.

5. Full Name of Mother,

M. Lizzie Boss

6. Mother's Maiden Name,

M. Geuzie Melmers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Boss

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this return.

Catharine P. P. P.

Address,

800 Seadenhall Street,

Remarks,

Child to report its birth to the Commissioner of Health, in its mother's and within the period above required, or any such person or persons who comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7600

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 5th 1888

4. Place of Birth, (Street and Number)

Not Living in Hospital 672 N. Paulina St.

5. Full Name of Mother,

Jennie Davis

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Not known

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other person who makes this Return.

L. E. Seale M.D.

Address,

319 N. Monument St.

Remarks,

any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth 7601

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

at 10450 Nov-5th 1888

4. Place of Birth, (Street and Number)

3114 Ellicott st Balto City

5. Full Name of Mother,

Kate Smith

6. Mother's Maiden Name,

Kate Hatterick

7. Mother's Birthplace,

Orleans & Washington sts Balto City

8. Full Name of Father,

Henry Englebert Smith

9. Father's Occupation,

Engineer

10. Father's Birthplace,

331 South Eden street

Name of Medical Attendant, or other person who makes this Return.

Miss A. L. Houseman

Address,

No. 1227 Penn street

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth A 7602

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 6th

4. Place of Birth, (Street and Number)

No. 642 Columbia Ave

5. Full Name of Mother,

Elizabeth S. Einbrod

6. Mother's Maiden Name,

Elizabeth S. Muller

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Henry Einbrod

9. Father's Occupation,

Confectioner

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address, Catharine Sheehy 135 W. Pratt St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Nov. 6th 1888*

4. Place of Birth, (Street and Number) *1417 Patapsco*

5. Full Name of Mother, *Ellen T. Jenkins*

6. Mother's Maiden Name, *" " Bradley*

7. Mother's Birthplace, *William Walter Jenkins*

8. Full Name of Father, *2 Luckster*

9. Father's Occupation, *Balto. City*

10. Father's Birthplace, *R. 2, 14, Tall. Ind.*

Name of Medical Attendant, or other person who makes this Return. *5-2*

Address,

Remarks.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 760

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth, Nov. 7th 1888

4. Place of Birth, (Street and Number) 732 Hanover St.

5. Full Name of Mother, Amelia Kaise

6. Mother's Maiden Name, Amelia Cypentrock

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Geo W. Kaise

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine M.

Address, 805 Leadenhall St

Remarks,

Printed by

Missing #A 7605 - #A 7646;

incl.

could be

#A 7603 - #A-7644,
incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 7647
- Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, 12 November
4. Place of Birth, (Street and Number) 406 S. Camden St.
5. Full Name of Mother, Louise Kistner
6. Mother's Maiden Name, Louise Lauer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Kistner
9. Father's Occupation, Day Laborer
- Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, Dr. R. R. H. H. H.
or other person who makes this Return.
- Address, 1302 Hall and St.
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

L. 175148

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *Jewish*

3. Date of Birth, *12 November*

4. Place of Birth, (Street and Number) *810 E. Front St*

5. Full Name of Mother, *Jacob Cohen*

6. Mother's Maiden Name, *Sasowitch*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Joseph Cohen*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *Miss Rose Hilbig*

Address, *1302 Hollander St*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

A 7649

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Monday Nov. 12th. 1888.

4. Place of Birth, (Street and Number)

1033 A. Caroline St.

5. Full Name of Mother,

Nannie B. Athey

6. Mother's Maiden Name,

Nannie B. McAlister

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

J. A. Athey

9. Father's Occupation,

Salaman

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Wilmer Brinton M.D.

Address,

Chase St. & Furman Place

Remarks,

shall be reported as such in the City Directory, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight
Male.

A 7650

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

November 12th 1888.

4. Place of Birth, (Street and Number)

1620 Wilkins av. Baltimore

5. Full Name of Mother,

Sara Jackson

6. Mother's Maiden Name,

Sara Trrazier

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Louis Jackson

9. Father's Occupation,

Cigar maker.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Shaffer

Address,

893 Woodward street

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 7651

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Nov - 12 - 1898

4. Place of Birth, (Street and Number) 233 S. Bond St.

5. Full Name of Mother, Anna Martin Olsen

6. Mother's Maiden Name, Osbe

7. Mother's Birthplace, Germany

8. Full Name of Father, Peter Olsen

9. Father's Occupation, Laborer

Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A. 7552

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 12 - 1888

4. Place of Birth, (Street and Number)

1818 Canton Av.

5. Full Name of Mother,

Rosa Beck

6. Mother's Maiden Name,

Heinrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Beck

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Stein

Address,

1427 E Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d, A. 7683*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *12 November*

4. Place of Birth, (Street and Number) *No 1930 East Lombard Str*

5. Full Name of Mother, *Mary Reis*

6. Mother's Maiden Name, *Mary Heintzmann*

7. Mother's Birthplace, *Baltimore M.D.*

8. Full Name of Father, *Joseph Reis*

9. Father's Occupation, *Tally Keeper*

10. Father's Birthplace, *Baltimore M.D.*

11. Name of Medical Attendant, *Joseph Reis*
or other person who makes this Return.

Address, *Widwife Katharina Buhler No 1817 E. Lombard St*

Remarks,

Subject to the fine of ten (10) dollars for each offense, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Nov. 12/88

N^o 253 S. Dallas St

Maggie Stockman

Bolke

Baltimore

Charles Stockman

Laborer

Baltimore

Mrs. Louise Kraft.

N^o 405 S. Washington St.

3A76374

Male

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

A. 7655

Sex, (state whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth, ~~July 22 1888~~ Nov 13 88

4. Place of Birth, (Street and Number) ~~Free Lying in Hospital 622 W. Lombard St.~~

5. Full Name of Mother, Lillie Hawk

6. Mother's Maiden Name,

"
Maryland

7. Mother's Birthplace,

Not known

8. Full Name of Father,

" "

9. Father's Occupation,

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Heale M.D.

Address,

319 W. Monument St.

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd A. 7605

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 13th 1885

4. Place of Birth, (Street and Number)

2006 E. Lombard St.

5. Full Name of Mother,

Ann Elizabeth Reville

6. Mother's Maiden Name,

Barton

7. Mother's Birthplace,

City

8. Full Name of Father,

Joseph Oliver Reville

9. Father's Occupation,

Steam Engineer

10. Father's Birthplace,

Wilmington Delaware

Name of Medical Attendant, or other person who makes this Return.

C. P. Jones M.D.

Address,

1825 E. Balto. St.

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Male A. 7657
- Sex, (state whether male or female) girl
- Race or color, (if not of the white race) _____
- Date of Birth, 13 June
- Place of Birth, (Street and Number) 144 Charles St.
- Full Name of Mother, Kilomba Bohla
- Mother's Maiden Name, Kilomba
- Mother's Birthplace, Bahia
- Full Name of Father, Symon Bohla
- Father's Occupation, Blacksmith
- Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Anna Bohla
- Address, 1117 Charles St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 7808

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 13 - 1888

4. Place of Birth, (Street and Number)

121 E. Ector St.

5. Full Name of Mother,

Mary Kelly
Chase

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John J. Kelly

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mary Klein

Address,

1427 E. Pratt St.

Remarks,

any such person or persons who shall neglect to file this return with the Registrar of Vital Statistics, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st. A. 7659

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 13th, 1888

4. Place of Birth (Street and Number)

718 S. Broadway

5. Full Name of Mother

Ella Lee Taylor

6. Mother's Maiden Name

Ella Lee Gathwright

7. Mother's Birthplace

Essex Co. Virginia

8. Full Name of Father

Richard J. Taylor

9. Father's Occupation

Sea-Captain

Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

John H. Rehberger
#1709 Alice Adams

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *second child A. 766*

Sex, (state whether male or female) *Female*

Race or color, (if not of the white race). *White*

Date of Birth, *wednesday. November 14. 11*

Place of Birth, (Street and Number) *836. Warner st*

Full Name of Mother, *Mary. A. Downey*

Mother's Maiden Name, *Mary. A. Bruning*

Mother's Birthplace, *Baltimore*

Full Name of Father, *William. L. Downey*

Father's Occupation, *Safe. maker.*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs. Banks.*
or other person who makes this Return.

Address, *711 Cross St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. *A-7661*

Sex, (State whether male or female) Female.

2. Race or color, (if not of the white race) White.

3. Date of Birth, Wednesday November 14th 1888.

4. Place of Birth, (Street and Number) 1311 E. Monument St.

5. Full Name of Mother, Matilda Edward

6. Mother's Maiden Name, Matilda Sherman.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William H. Edward

9. Father's Occupation, Butler & Dealer.

Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Wilmer R. Linton, M.D.

Address, Chesapeake Street

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-15-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry H. Krausz — 4th Child A-7662
 No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)
 Sex, (State whether male or female) Male
 Race or color, (if not of the white race) White
 Date of Birth, November 14-1898
 Place of Birth, (Street and Number) 917 Leadenhall St.
 Full Name of Mother, Margaret Krausz
 Mother's Maiden Name, Edw. Kuhlman
 Mother's Birthplace, Baltimore Md
 Full Name of Father, Henry Krausz
 Father's Occupation, clerk
 Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this Return, Christina Munch
 Address, 805 Leadenhall Street.
 Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Nov. 14/88

N^o 1932 Eastern Ave

Lisbeth Kimmelmann

Eves

Baltimore

Andree Kimmelmann

Plasterer

Baltimore

Mrs. Louise Kraft

N^o 405 S. Washington

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2A-1864

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 14/88

4. Place of Birth, (Street and Number)

N^o 2318 Cambridge St

5. Full Name of Mother,

Thmie Kreamer

6. Mother's Maiden Name,

Kreamer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kreamer

9. Father's Occupation,

Plummer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A 7665

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 15 1888

4. Place of Birth, (Street and Number)

1038 N. Calvert St

5. Full Name of Mother,

Mary Grinnell

6. Mother's Maiden Name,

Mary Grinnell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Grinnell

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. Hiltner

Address,

319 N. Calvert St

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* **A** *766*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Caucasoid Child*
3. Date of Birth, *15 of November 1888*
4. Place of Birth, (Street and Number) *18908 Harmony Lane Balt.*
5. Full Name of Mother, *Catharine Sax*
6. Mother's Maiden Name, *Catharine Monroe*
7. Mother's Birthplace, *Giles County Virginia*
8. Full Name of Father, *Richard Sax*
9. Father's Occupation, *a Common Laborer*
10. Father's Birthplace, *Born in West River*
- Name of Medical Attendant, or other Person who makes this Return. *had none*
- Address, *18908 Harmony Lane Balt.*
- Remarks, *18908 Harmony Lane Balt.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

Race or color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, Catherine Seebach 735 1/2 Pratt St

Remarks,

White

Nov. 15th 1888

710. Columbia Balto

Maggie ~~Seebach~~ Kraemer

Maggie Eagers

Balto City

August Chas Kraemer

Tinner

Balto City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A 7658

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

15 November 1888

4. Place of Birth, (Street and Number)

Kear Street 1107

5. Full Name of Mother,

Louisa Weston

6. Mother's Maiden Name,

Louisa Smith

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Fred Weston

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Catherine S. Quirk

Address,

800 South Carroll Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7669

1. Sex (state whether male or female)

2. Race or color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 7670

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth, Nov. 15/88

4. Place of Birth, (Street and Number) Balto. Md. 814 George St.

5. Full Name of Mother, Mary C. Wiggel

6. Mother's Maiden Name, Mary C. Hecker

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. F. Wiggel

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Catherine Minich, 800 Leadenhall Street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A: 7671

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 15 - 1888

4. Place of Birth, (Street and Number)

905 Pennsylvania St.

5. Full Name of Mother,

Maria Elizabeth Schmidt

6. Mother's Maiden Name,

Holt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lewis Schmidt

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Harry Stein

Address,

1121 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

A 7672

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 15

4. Place of Birth, (Street and Number)

#405 Warren Ave

5. Full Name of Mother,

Henrietta Wessel

6. Mother's Maiden Name,

Cy

7. Mother's Birthplace,

Hanover

8. Full Name of Father,

Henry Wessel

9. Father's Occupation,

Dry Goods Merchant

10. Father's Birthplace,

Claustal Senon

Name of Medical Attendant, or other person who makes this Return.

Mrs Minick

Address,

800 S. Calver St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourteenth. A 7872*
1. Sex (state whether male or female), *Male.*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Thursday November 15, 1888*
4. Place of Birth (Street and Number), *2226 Cambridge street.*
5. Full Name of Mother, *Clarissa Aies*
6. Mother's Maiden Name, *Clarissa Miller.*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Andrew Jackson Aies*
9. Father's Occupation, *Oyster Measurer*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other person who makes this Return. *Mary A. Dorman*
Address, *2119 Canton Ave.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7674

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 15 " 88

4. Place of Birth, (Street and Number)

Lying in Hospital 622 W. Lombard St.

5. Full Name of Mother,

Victoria Williams

6. Mother's Maiden Name,

"
Baltimore

7. Mother's Birthplace,

Not Known

8. Full Name of Father,

" "

9. Father's Occupation,

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Seale M.D.

Address,

319 W. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

7A 7675
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 15/88

4. Place of Birth, (Street and Number)

N^o 956 W. Washington St.

5. Full Name of Mother,

Kate Pfannenkuhen

6. Mother's Maiden Name,

Kratz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Pfannenkuhen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 7676

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

W.

3. Date of Birth,

Nov 15 - 1888

4. Place of Birth, (Street and Number)

Abbott R 1631

5. Full Name of Mother,

Josephine Duban

6. Mother's Maiden Name,

Melichar

7. Mother's Birthplace,

Bohemian

8. Full Name of Father,

Albert Duban

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad

Address,

1621 Barnes

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A-7677
10/7/77

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 15/88

4. Place of Birth, (Street and Number)

N^o 237 S. Chappel St

5. Full Name of Mother,

Rosa Roth

6. Mother's Maiden Name,

Mauch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Roth

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

A. 7678

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White.

3. Date of Birth,

Apr. 13th 1888.

4. Place of Birth, (Street and Number)

#204 S. Bruce St.

5. Full Name of Mother,

Maggie Strohm.

6. Mother's Maiden Name,

Larner.

7. Mother's Birthplace,

Forchheim.

8. Full Name of Father,

John S. Strohm.

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

#106 S. Monroe St.

Remarks,

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of

No. of Child of Mother, (state whether ~~Male~~ ~~Female~~ 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, November 25 1888
4. Place of Birth, (Street and Number) 456 Fall
5. Full Name of Mother, Pauline Pahl
6. Mother's Maiden Name, Pauline Rushe
7. Mother's Birthplace, Germany
8. Full Name of Father, Alex Pajel
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Father
Address, 800 Linden
Remarks,

Birthdate, mother's name and shall enter the name on a list of the births which have occurred in the month. This schedule shall be filed with the Registrar of Births and Deaths in the month of the birth, and shall set forth as far as the Registrar is able to ascertain the full name of each child, its sex, its color, the full name and address of its parents, the date and place of its birth, and the date of its delivery. The Registrar shall also be furnished with a certificate signed by the physician or practitioner of midwifery or other person lawfully authorized to deliver children, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or other person lawfully authorized to deliver children, and it shall become the duty of the Registrar to cause the birth of any child to be reported to the Commissioner of Health in the same manner and within the period of one week after the birth of the child, as in and to the provisions of this section shall be made by the Legislature.

Any person who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 7/6/79
 1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, 16th November
 4. Place of Birth, (Street and Number) 116 W. Dover St
 5. Full Name of Mother, Isabella Adair
 6. Mother's Maiden Name, " Scott
 7. Mother's Birthplace, City
 8. Full Name of Father, Edgar P. Adair
 9. Father's Occupation, Book Keeper
 10. Father's Birthplace, Virginia
 Name of Medical Attendant, or other person who makes this Return, J. C. Burch M.D.
 Address, 571 Nassau St
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 A 7580

1. Sex, (State whether male or female).

female

2. Race or color, (if not of the white race)

W

3. Date of Birth,

November 16 1888

4. Place of Birth, (Street and Number)

1646 Barne

5. Full Name of Mother,

Mary Matejovsky

6. Mother's Maiden Name,

Barborka

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Anthony Matejovsky

9. Father's Occupation,

Laboer

Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad

Address,

1621 Barne

Remarks,

any such person or persons who shall fail to cause to be recovered as other fines and forfeitures are recoverable

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1. A. 7681
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, 16th Nov.
4. Place of Birth, (Street and Number) 1114 Philpot ally
5. Full Name of Mother, Virginia Kohlmann
6. Mother's Maiden Name, Francie
7. Mother's Birthplace, America
8. Full Name of Father, Louis Kohlmann
9. Father's Occupation, Collector
10. Father's Birthplace, America
- Name of Medical Attendant, or other person who makes this Return, Sarah Casper
- Address, 10.22 Granby street
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A. 7682

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A 7683
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *November 16th 1888*
4. Place of Birth, (Street and Number) *1408 Jefferson st*
5. Full Name of Mother *Mary J. Barm*
6. Mother's Maiden Name *" " "*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. Haywood*
9. Father's Occupation *Coal cart driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Harriett Brinlen*
- Address *1408 Jefferson st*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 7684
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored (Negro) Blue
4. Date of Birth, November 16, 1888 Friday 10. O'clock
5. Place of Birth, (Street and Number) # 1006 Peach Alley 1st Hamilton Cross
6. Full Name of Mother, Florence Blue
7. Mother's Maiden Name, Florence Martin
8. Mother's Birthplace, Eastern Shore Va.
9. Full Name of Father, Garage Blue
10. Father's Occupation, Brick Maker and Oyster Shucker
11. Father's Birthplace, Eastern Shore Va.
- Name of Medical Attendant, or other Person who makes this Return, Annie Maria Burrill Wife
- Address, # 417 Perry Street between Canton and Little Pica
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this act, or persons who shall hereafter fail to recover at other times and forfeitures are recoverable, for each offense to be recovered at other times and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 7685

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) Colored

4. Date of Birth,

November 16, 1888. at 10 o'clock Tuesday

5. Place of Birth, (Street and Number)

N. 1006 Peach Alley

6. Full Name of Mother,

Florence Fletcher

7. Mother's Maiden Name,

Florence B. Huse

8. Mother's Birthplace,

Eastern Shore Va.

9. Full Name of Father,

Samuel Fletcher

10. Father's Occupation,

Brick Maker and Oyster Shucker

11. Father's Birthplace,

Eastern Shore Va.

Name of Medical Attendant, or other Person who makes this Return,

Annie M. Harris Midwife

Address,

N. 417 Perry Street bet. Eutan and Little Pica

Remarks,

or persons who are to be recovered as other race and for future are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. 7585*
2. Sex, (state whether male or female) *Male of Col. was born November 16, 1888*
3. Race or Color, (if not of the white race) *Colored Ezekiel Harrison Fitchett*
4. Date of Birth, *November 16, 1888, Friday 10.00 AM*
5. Place of Birth, (Street and Number) *# 1008 Peach Alley bet. Hamberger and ...*
6. Full Name of Mother, *Rachel Fitchett*
7. Mother's Maiden Name, *Rachel Fikson*
8. Mother's Birthplace, *Eastern Shore Maryland*
9. Full Name of Father, *Robert Fitchett Daniel Fitchett*
10. Father's Occupation, *Wailer*
11. Father's Birthplace, *Eastern Shore Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Annie M. Harris Mid Wife*
- Address, *# 417 Perry Street bet. Entaw and Little Poca*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, or for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A 7087*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Nov- 16th*

4. Place of Birth, (Street and Number) *1136 Kirk st*

5. Full Name of Mother, *Della Grooms*

6. Mother's Maiden Name, *Miss P Brown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Wm Grooms*

9. Father's Occupation, *Isolator*

10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other person who makes this Return, *Annie Johnson*

Address, *710 Tyson st*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. D. A 7688

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

November of 17

5. Place of Birth, (Street and Number)

919 South: Pihary A.

6. Full Name of Mother,

Anna Ritter

7. Mother's Maiden Name,

Anna Barry

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Wilhelm Ritter

10. Father's Occupation,

Clark

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Augusto Boisen

Address,

919 South: Pihary A.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. D. A. 7689

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

1127 Bowen. St.

5. Place of Birth, (Street and Number)

November 17. 1889

6. Full Name of Mother,

Minna Ludwig

7. Mother's Maiden Name,

Minna Beishan

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Adam Ludwig

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Beishan

Address,

977 South Liberty St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 7690

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

Nov 17th

5. Place of Birth, (Street and Number)

1511 Foster Alley

6. Full Name of Mother,

Mary Waters

7. Mother's Maiden Name,

" " Fox

8. Mother's Birthplace,

Washington, D C

9. Full Name of Father,

William Waters

10. Father's Occupation, plumber,

Washington D C

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Annie Johnson

Address,

710 Tyson St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c) 5 A. 7691
1. Sex, (state whether male or female) Male
 2. Race or color, (if not of the white race)
 3. Date of Birth, Nov 17 1881
 4. Place of Birth, (Street and Number) 1715 Eastern Avenue
 5. Full Name of Mother, Eloza Kunkle
 6. Mother's Maiden Name, Stotes
 7. Mother's Birthplace, City
 8. Full Name of Father, Charles Kunkle
 9. Father's Occupation, Cigar maker
 10. Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return, Mrs. Eloza Boly
- Address, 124th Birch St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7692

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Nov 17, 1888

4. Place of Birth (Street and Number),

1200 N. Gay st

5. Full Name of Mother,

Barbara Harpel

6. Mother's Maiden Name,

Ruth

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Wm Harpel

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant, or other person who makes this Return.

M. B. Billingsley

Address,

206 E. Boston st

Remarks,

This form is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be returned to the Office of Registrar of Vital Statistics, Baltimore City, for each offence, to be recovered as other laws and ordinances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th A. 7693

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 17th 1888

4. Place of Birth, (Street and Number) 1011 Mulberry St.

5. Full Name of Mother, Sarah S. Johnston

6. Mother's Maiden Name, Conn

7. Mother's Birthplace, England

8. Full Name of Father, Frederick W. Johnston

9. Father's Occupation, Lineyman (city)

10. Father's Birthplace, England

Name of Medical Attendant, Dr. F. Hill M.D.
or other person who makes this Return.

Address, 1001 Edmondston Ave

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd ~~A~~ 7694

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race).

white

3. Date of Birth,

Nov 17th 1888

4. Place of Birth, (Street and Number)

14 S Carverton ave

5. Full Name of Mother,

Alice Zepp

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Christopher Zepp

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Geo R Graham M.D.

Address,

Remarks,

any such return of a birth which is not true and correct, or which is not made in accordance with the provisions of the Act, shall be deemed to be a false statement, and the person making the same shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 7695*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Oct 17, '86*
4. Place of Birth (Street and Number), *52 Harford Rd*
5. Full Name of Mother, *Annie Shupponer*
6. Mother's Maiden Name, *Rode*
7. Mother's Birthplace, *Balti*
8. Full Name of Father, *Geo Shupponer*
9. Father's Occupation, *Boylester*
10. Father's Birthplace, *Germany*
11. Name of Medical Attendant, or other person who makes this Return, *M. B. Billingsley*
- Address, *1206 E. Paulson*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 7696

1. Sex. (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 17 Oct.

4. Place of Birth, (Street and Number) 914 E. Fingelle St

5. Full Name of Mother, Minnie Baumgarten

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harry Baumgarten

9. Father's Occupation, Candy maker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this return.

Mrs. Rose M. M. M.

Address,

1302 Holland St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined to the sum of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh A. 7697

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race).

3. Date of Birth,

November 17th

4. Place of Birth, (Street and Number)

1000 P. Sharp St.

5. Full Name of Mother,

Anna Elizabeth Murring

6. Mother's Maiden Name,

Kochler

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Louis H. Murring

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Catherine Apianich

Address,

800 Leadenhall Street

Remarks,

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

7A7698

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 17/88

4. Place of Birth, (Street and Number)

N^o 1830 Alice Arm St

5. Full Name of Mother,

Lisbeth Weidmann

6. Mother's Maiden Name,

Maus

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Weidmann

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs Louise Kraft.

Address,

N^o 405 S. Washington St.

Remarks,

Under penalty of fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, any person who shall hereunder fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten \$10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child A 7/99

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

17th of November

4. Place of Birth, (Street and Number)

328 N. Betzel St

5. Full Name of Mother,

Georgia Jones

6. Mother's Maiden Name,

Georgia Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles L. Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Amos J. Starnum

Address,

409 Betzel St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 7700*
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Mar 17/88*
4. Place of Birth, (Street and Number) *605-4th Ave.*
5. Full Name of Mother, *Maggie Frazier*
6. Mother's Maiden Name, *Scott*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Harry Frazier*
9. Father's Occupation, *Railroad*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return, *R. P. Vornum - M.D.*
- Address, *160 Chestnut St. Hampden*
- Remarks, _____

Printed to the line of ten you dollars for each sentence: to be recovered on other rates and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 7701*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Nov 18th 1888*

4. Place of Birth (Street and Number), *325 N. Carroll St.*

5. Full Name of Mother, *Rose Lankhoff*

6. Mother's Maiden Name, *Miller*

7. Mother's Birthplace, *N. York*

8. Full Name of Father, *Harmon C. Lankhoff*

9. Father's Occupation, *Lithographer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Dr. B. Billings*

Address, *1206 E. Pratt St.*

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd **A** 7702

Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Nov 18th 1885

4. Place of Birth, (Street and Number)

1161 Nantuxate St

5. Full Name of Mother,

Annie R Poole

6. Mother's Maiden Name,

Genger

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Edw Edward Genger

9. Father's Occupation,

Trimmer

Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham

Address,

Remarks,

Recorded to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 7703

Sex, (state whether male or female)

Male

Race or color, (if not of the white race)

Date of Birth,

15th Nov.

Place of Birth, (Street and Number)

913 Lombard

Full Name of Mother,

Minnie Weiskopf
Gorden

Mother's Maiden Name,

Germany

Mother's Birthplace,

8. Full Name of Father,

Joseph Weiskopf
Drygoods store

9. Father's Occupation,

Germany

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Sarah Casper

Address,

1022 Grandy street

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered in either civil or criminal proceedings.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6* A. 7704
 Sex, (State whether male or female) *Male*
 Race or color, (if not of the white race)
 Date of Birth, *Nov 18 - 1888*
 Place of Birth, (Street and Number) *1427 E. Baltimore St.*
 Full Name of Mother, *Marrie Tucker*
 Mother's Maiden Name, *Byrd*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Adolph Tucker*
 Father's Occupation, *Wagon Maker*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *May Moore*
 Address, *1427 E. Pratt St.*
 Remarks,

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section to the fine of ten dollars for each offence, to be recovered as civil debt and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 7706

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

12 Nov.

4. Place of Birth, (Street and Number)

1134 Philpot ally

5. Full Name of Mother,

Rosa Gaeger

6. Mother's Maiden Name,

Fredericks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Gaeger

9. Father's Occupation,

Cooper

10. Father's Birthplace,

& Germany

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

10 22 Granby street

Remarks,

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the office of the Commissioner, to the person or persons of such attendance upon the child for the period above required, and if such person or persons fail to comply with this section shall be held in contempt of court. The penalty for this violation is a fine of not more than \$100.00 and costs. The court may, in its discretion, suspend or modify the fine if the person or persons are unable to pay the same. The court may, in its discretion, suspend or modify the fine if the person or persons are unable to pay the same. The court may, in its discretion, suspend or modify the fine if the person or persons are unable to pay the same.

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the household, to the person or persons in the household who are the person or persons of such attendance upon the child. The Commissioner may, at his discretion, extend the period above required, and may, at his discretion, require that this section shall be applicable to any person or persons who shall fail to comply with the provisions hereof. The Commissioner may, at his discretion, require that any such person or persons who shall fail to comply with the provisions hereof shall be liable for a civil penalty of not more than one hundred dollars and civil forfeiture, to be recovered at a future time, in the event of non-compliance with the provisions hereof.

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the household, to the person or persons in the household who are the person or persons of such attendance upon the child. The Commissioner may, at his discretion, extend the period above required, and may, at his discretion, require that this section shall be applicable to any person or persons who shall fail to comply with the provisions hereof. The Commissioner may, at his discretion, require that any such person or persons who shall fail to comply with the provisions hereof shall be liable to a civil penalty of not more than one hundred dollars and civil forfeiture, to be recovered at a later time, in addition to the fine of ten dollars.

[illegible][illegible]

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the household, to the person or persons in the household who are the person or persons of such attendance upon the child. The Commissioner may, at his discretion, extend the period above required, and may, at his discretion, require that this section shall be applicable to any person or persons who shall fail to comply with the provisions hereof. The Commissioner may, at his discretion, require that any such person or persons who shall fail to comply with the provisions hereof shall be liable for a civil penalty of not more than one hundred dollars and civil forfeiture, to be recovered at a future time, in the event of non-compliance with the provisions hereof.

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the office of the Commissioner, to the person or persons of such attendance upon the child for the period above required, and if such person or persons fail to comply with this section shall be held in contempt of court. The penalty for this violation is a fine of not more than \$100.00 and costs. The court may, in its discretion, suspend or modify the fine if the person or persons are unable to pay the same. The court may, in its discretion, suspend or modify the fine if the person or persons are unable to pay the same. The court may, in its discretion, suspend or modify the fine if the person or persons are unable to pay the same.

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the household, to the person or persons in the household who are the person or persons of such attendance upon the child. The Commissioner may, at his discretion, extend the period above required, and may, at his discretion, require that this section shall be applicable to any person or persons who shall fail to comply with the provisions hereof. The Commissioner may, at his discretion, require that any such person or persons who shall fail to comply with the provisions hereof shall be liable for a civil penalty of not more than one hundred dollars and civil forfeiture, to be recovered at a later time, in addition to the fine of ten dollars for each day of non-compliance.

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the household, to the person or persons in the household who are the person or persons of such attendance upon the child. The Commissioner may, at his discretion, extend the period above required, and may, at his discretion, require that this section shall be applicable to any person or persons who shall fail to comply with the provisions hereof. The Commissioner may, at his discretion, require that any such person or persons who shall fail to comply with the provisions hereof shall be liable for a civil penalty of not more than one hundred dollars and civil forfeiture, to be recovered at a later time, in addition to the fine of ten dollars for each day of non-compliance.

[illegible][illegible][illegible]

third day of each and every month to the office of the Commissioner of the Department of Social Services, or should no other person be in the household, to the person or persons of the household, or to the person or persons of such attendance upon the child. The Commissioner may, at his discretion, extend the period above required, and may, at his discretion, require that this section shall be applicable to any person or persons who shall fail to comply with the provisions hereof. Any person or persons who shall fail to comply with the provisions hereof shall be liable to a fine of not more than one hundred dollars and a term of imprisonment of not more than thirty days, or both, for each day of non-compliance.

[illegible][illegible][illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

B 7707

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

German

3. Date of Birth,

Nov 18 85

4. Place of Birth, (Street and Number)

Spent time in Hospital 6224 Boulevard St.

5. Full Name of Mother,

Josephine Sanders

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Not known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Keale M.D.

Address,

319 Dr. Monument

Remarks,

Printed to the tune of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 7708
- Sex, (state whether male or female) Male
- Race or color, (if not of the white race) White
- Date of Birth, Nov 18th 1888
- Place of Birth, (Street and Number) 307 S. Ann St.
- Full Name of Mother, Bernard Clifford
- Mother's Maiden Name, Norton
- Mother's Birthplace, Ireland
- Full Name of Father, Bernard Clifford
- Father's Occupation, Sexton
- Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return, E. P. Jones M.D.
- Address, 1835 E. Baltimore St.
- Remarks, _____

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2A 7709

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 19/88

4. Place of Birth, (Street and Number)

N^o 2320 Canton Ave

5. Full Name of Mother,

Mary Muller

6. Mother's Maiden Name,

Ulrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Muller

9. Father's Occupation,

Sattler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Craft

Address,

N^o 405 S. Washington St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 7710

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Nov. 19, '88

4. Place of Birth, (Street and Number)

404. N. Castle St

5. Full Name of Mother,

Sophia Utz.

6. Mother's Maiden Name,

Amrhein

7. Mother's Birthplace,

Pravaria

8. Full Name of Father,

Andrew Utz

9. Father's Occupation,

Broom Maker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Fred. W. Parker.

Address,

174 Canton Av.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th A 7711

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Nov 19th 1888

4. Place of Birth (Street and Number),

1222 Balto. at

5. Full Name of Mother,

Alice Sheppard

6. Mother's Maiden Name,

Barton

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Benj. Sheppard

9. Father's Occupation,

Ice Cream Dealer

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

W. B. Billingsley M.D.

Address,

1206 E. Barton

Remarks,

for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 ed.* *A. 7712*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race). *White*

3. Date of Birth, *November 17th 1888*

4. Place of Birth, (Street and Number) *1407 Preston St.*

5. Full Name of Mother, *Lewina Moor*

6. Mother's Maiden Name, *" Delacy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. Moor*

9. Father's Occupation, *Stone Moulder*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return. *M. A. Butt*

Address, *1345 Monument St. & Centre av.*

Remarks, *All Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A* *7713*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 19th 1888*

4. Place of Birth, (Street and Number) *1124 Low St*

5. Full Name of Mother, *Ester E. Lynch*

6. Mother's Maiden Name, *Booth*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *John R. L. Lynch*

9. Father's Occupation, *Lather*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Samuel B. Bell*

Remarks, *314 E. Spenser St*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 7714*

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 19 1888

4. Place of Birth, (Street and Number)

1022 N. Highland

5. Full Name of Mother,

Virginia Douglas

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. L. Douglas

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return

Dr. Charles J. L. B.

Address,

1022 N. Highland

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 7715

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Nov: 19th 1888.

4. Place of Birth, (Street and Number)

1026 Carly Street Cont.

5. Full Name of Mother,

Mary Thraai

6. Mother's Maiden Name,

" Kobyian

7. Mother's Birthplace,

Walden of Bohemia

8. Full Name of Father,

Joseph Thraai

9. Father's Occupation,

Stevens

10. Father's Birthplace,

Leibmaritz Bohemia

Name of Medical Attendant, or other person who makes this Return.

Horsbarn

Address,

1026 Carly Street Cont.

Remarks,

Miss P. Liermann.

No. 1225 Hare street.

jected to the fine of ten (10) dollars for each offense. Two recidivists, however, were referred to the fine of ten (10) dollars and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 A. 7716

10

in Florida

20. *Fraxinus*

1881

Generalized Bicuspid

1892/3

Lucy, 17 Dec.

Yucca 3.

12. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 8

1242 to 1243

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 7717
Sex (state whether male or female) Male
Race or Color (if not of the white race) White
Date of Birth November 20th. 88
Place of Birth, (Street and Number) No 1 Florence St.
Full Name of Mother Annie Elizabeth King
Mother's Maiden Name Yakel
Mother's Birthplace Baltimore Md.
Full Name of Father William M King
Father's Occupation Producer Dealer
Father's Birthplace Philadelphia Penna.
Name of Medical Attendant, or other Person who makes this Return Paul E Ford
Address 770 W. Esplanor St.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A 7718

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 20th

4. Place of Birth, (Street and Number) 219 Grindall St

5. Full Name of Mother, Rawlins M. Roeder

6. Mother's Maiden Name, Caroline M. Koehleim

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo Roeder

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Batherson, M. J. M. D.

Address,

800 Leadenhall Street

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 7719

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 20/11. 88.

4. Place of Birth, (Street and Number)

No 15 E. Randall Str.
Mary Bernhardt.
" Wacker.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany.
Mm. Bernhardt.
Metal Worker.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this return.

Catherine Bernhardt

Address,

800 Leadenhall Street

Remarks, ...

any such person or persons who shall hereafter lawfully comply with the provisions of this act and who shall be convicted of any offence under this act shall be liable to a fine not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A 7720

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

the 20th Nov.

4. Place of Birth, (Street and Number)

No 116. Collmans Court City

5. Full Name of Mother,

Margaretha Stechwolf

6. Mother's Maiden Name,

" " " " Fritz

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Peter Stechwolf

9. Father's Occupation,

Strat Payor

Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Catherine Minich

Address,

800 Seadenhall Street.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child 7724
Male

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 20 — 1888

4. Place of Birth, (Street and Number)

122 Charliz st.

5. Full Name of Mother,

Anna Weikert.

6. Mother's Maiden Name,

Schubert.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Weikert.

9. Father's Occupation,

Restaurant.

Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser, Midwife

Address,

1032 Hanover st.

Remarks,

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 7722

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White.

3. Date of Birth,

Nov. 20 88.

4. Place of Birth, (Street and Number)

439 E. Lamar St.

5. Full Name of Mother,

Ella Bayard

6. Mother's Maiden Name,

" Crisiz

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

P. J. Bayard.

9. Father's Occupation,

Broker.

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

J. H. Robinson

Address,

726 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child ^{A7723}

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th November 1888

4. Place of Birth, (Street and Number)

704 Jefferson St. Charley

5. Full Name of Mother,

Lindora G. Short

6. Mother's Maiden Name,

Lindora G. Rowley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred Ernest Short

9. Father's Occupation,

Millwright

Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return,

Mrs. Harriet Blaisdell

Address,

114 Old York Road Waverly

Remarks,

any person who is convicted of this offense shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24, A. 7724
 1. Sex, (State whether male or female) Male.
 2. Race or color, (if not of the white race) _____
 3. Date of Birth, Nov. 20th 1888
 4. Place of Birth, (Street and Number) 1034 Sharp. St.
 5. Full Name of Mother, Emma C. Cragg.
 6. Mother's Maiden Name, " " Wriessner.
 7. Mother's Birthplace, Baltos. City.
 8. Full Name of Father, John Cragg.
 9. Father's Occupation, Glass-blower.
 10. Father's Birthplace, Baltos.
 Name of Medical Attendant, or other person who makes this Return, R. J. N. Tall. M.D.
 Address, 524 Sharp. St.
 Remarks, _____

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th A. 7725

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth Nov 20th 1888

4. Place of Birth, (Street and Number) 14 16 Bolton

5. Full Name of Mother, Sarah Mudge Knox

6. Mother's Maiden Name, Sarah Mudge

7. Mother's Birthplace, Balto

8. Full Name of Father, W. Fay Knox

9. Father's Occupation, Clerk

10. Father's Birthplace, ..

Name of Medical Attendant, F. E. Chatard Jr
or other Person who makes this Return.

Address, 516 Park

Remarks, ..

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 7726*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 20th 1888.*

4. Place of Birth, (Street and Number) *1004 Eden St*

5. Full Name of Mother, *Hannah Katz*

6. Mother's Maiden Name, *Fuchs*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Moses Katz*

9. Father's Occupation, *Bookkeeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. E. [Signature]*

Address, _____

Remarks, _____

for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 7727

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 21st 1888

4. Place of Birth, (Street and Number)

No. 3012 Hudson st canton

5. Full Name of Mother,

Johanna Dorman

6. Mother's Maiden Name,

Johanna Lullene

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

George B Dorman

9. Father's Occupation,

Liquor Dealer

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other person who makes this Return.

Mrs Sarah Lullene

Address,

2236 Essex street

Remarks,

Any such person or persons who shall knowingly fail to comply with the provisions of this act, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10. A. 7728
- Sex, (state whether male or ~~female~~) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 21. November
4. Place of Birth, (Street and Number) 735 W. Hamburg Str.
5. Full Name of Mother, Louise E. Gubernatis,
6. Mother's Maiden Name, Louise E. Kleinhenr.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Gubernatis,
9. Father's Occupation, Piano maker.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Catherine Munch
- Address, 800 Seaderhall Street.
- Remarks, _____

any and every person who shall refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child 107724

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Black

3. Date of Birth,

November 21-88

4. Place of Birth (Street and Number),

414 Wm'ter St.

5. Full Name of Mother,

Sedonia Collins

6. Mother's Maiden Name,

Sedonia Keys

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph Collins

9. Father's Occupation,

Barber

10. Father's Birthplace,

Delaware Md.

Name of Medical Attendant: or other person who makes this Return.

Chas. W. Jeffers M.D.

Address,

#48 E. Montgomery St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A 7730

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 21st

4. Place of Birth, (Street and Number)

844 S. Eutan St

5. Full Name of Mother,

Hannah Levi.

6. Mother's Maiden Name,

Hannah Benesch.

7. Mother's Birthplace,

Bohemia.

8. Full Name of Father,

Albert Levi

9. Father's Occupation,

Butcher.

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this return.

Auguste Berien.

Address,

924 South Litchy St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

A 7731

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 2 1/2 1888

4. Place of Birth, (Street and Number)

Eastern Ave and Greffins court

5. Full Name of Mother,

Samuel Jordan

6. Mother's Maiden Name,

Ortliff

7. Mother's Birthplace,

Port Deposit

8. Full Name of Father,

John Jordan

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Mrs M Simons

Address,

1829 E Pratt st

Remarks,

printed to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7. child. A. 7732*

1. Sex, (State whether male or female) *male.*

2. Race or color, (if not of the white race) *white.*

3. Date of Birth, *21. November.*

4. Place of Birth, (Street and Number) *No. 1210 Patuxent St.*

5. Full Name of Mother, *Dora Frachlich*

6. Mother's Maiden Name, *Dora Langguth.*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Conrad Frachlich.*

9. Father's Occupation, *Labor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return. *Wm. P. Lierseman*

Address, *No. 1225 W. Ave. Balt.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7733

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Negro

3. Date of Birth,

Nov 21 "88

4. Place of Birth, (Street and Number)

Free Lying in Hospital 6726 Lombard St.

5. Full Name of Mother,

Kate Smith

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 W. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7734

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

Negro

3. Date of Birth,

4. Place of Birth, (Street and Number) McQueen Hospital 622 W. Lombard St.

5. Full Name of Mother,

Annie Johnson

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Keale, M.D.

Address,

219 N. Monument

Remarks,

Printed by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7736

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 22nd 1885

4. Place of Birth, (Street and Number)

1932 E. Fayette St.

5. Full Name of Mother,

Kate Magdeline Marshall
Baxter

6. Mother's Maiden Name,

7. Mother's Birthplace,

Alexandria Va.

8. Full Name of Father,

Franklin Antoine Marshall

9. Father's Occupation,

Police man

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

C. P. Davis M.D.

Address,

1835 E. Balto. St.

Remarks,

jected to the date of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c).....

1 Child **A** 7777
Female

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 22 — 1888.

4. Place of Birth, (Street and Number)

933 Charles st.

5. Full Name of Mother,

Louise Strupp.

6. Mother's Maiden Name,

Weber.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Henry Strupp.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return

J. Schwasser. Midwife.

Address,

1033 Hanover st.

Remarks,

ected to the fine of ten (10) dollars for each offence, to be levied on all other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. child A 7738*

Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *22. of november*

4. Place of Birth, (Street and Number) *1161 Washington str*

5. Full Name of Mother, *Esther Widemeyer*

6. Mother's Maiden Name, *Cather. Schubert*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles B. Widemeyer*

9. Father's Occupation, *Candy maker*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other person who makes this Return *Mrs. Benz*

Address, *21. Lucas St.*

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th. A 7739*

Sex, (State whether male or female) *Female.*

Race or color, (if not of the white race). *white*

Date of Birth, *Thursday Nov. 22nd. 1881.*

Place of Birth, (Street and Number) *923 Valley St.*

Full Name of Mother, *May H. Dempsey.*

Mother's Maiden Name, *May H. Fidy*

Mother's Birthplace, *Elizabeth N. V.*

Full Name of Father, *Thomas Dempsey*

Father's Occupation, *Police Officer*

Father's Birthplace, *Harlem Co. Md.*

Name of Medical Attendant, or other person who makes this Return. *William Brinton M.D.*

Address, *Chas. St. 7th Floor, Room,*

Remarks,

any such person or persons who shall be convicted of this offence, to be recovered an other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 female 7740

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Novr. 22

4. Place of Birth, (Street and Number)

109 W. Montgomery St.

5. Full Name of Mother,

Katharine Mayanthe Mayer Bartels

6. Mother's Maiden Name,

Katharine Mayanthe Meier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

H. H. Carl Bartels

9. Father's Occupation,

Salloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Katherine Minich

Address,

800 Seadenhall Street.

Remarks,

For every line of ten, ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

TO THE OFFICE OF REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY.

Name of Child. *John Beatty*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A 7741*
Sex, (state whether male or female) *Male.*
2. Race or color, (if not of the white race) *White.*
3. Date of Birth, *November 22, 1888.*
4. Place of Birth, (Street and Number) *No 1711 Harford ave.*
5. Full Name of Mother, *Sally Beatty.*
6. Mother's Maiden Name, *Sally Hawkey.*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father, *Beauregard Beatty.*
9. Father's Occupation, *Street-Car Conductor.*
10. Father's Birthplace, *Maryland.*
Name of Medical Attendant, or other person who makes this return. *Surgeon A. B. Stewart, M.D.*
Address, *1711 Harford ave.*
Remarks,

Missing # A 7742 - # A 7746,
could be incl

A 7743 - # A 7747,
incl

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

23 Nov. 1888

4. Place of Birth, (Street and Number)

15-15 Bank

5. Full Name of Mother,

Minnie Smith

6. Mother's Maiden Name,

Eckhardt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Smith

9. Father's Occupation,

Miⁿer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Grandby street

Remarks,

Each such return of persons who show the mother's full name with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-22-49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Anna Catharina Helbig*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 children 7748

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

November 23 1888

4. Place of Birth, (Street and Number)

No 12 Lowbery alley

5. Full Name of Mother,

Janisa C Helbig

6. Mother's Maiden Name,

Janisa C Schmid

7. Mother's Birthplace,

Salem Co Va

8. Full Name of Father,

Phillip Helbig

9. Father's Occupation,

Instrumental Maker

10. Father's Birthplace,

Beindorsheim Bauernreichshofplatz Germ

Name of Medical Attendant, or other person who makes this Return.

Susan Glenton

Address,

23 1/2 Poppleton St

Remarks,

any person who shall be convicted of having obtained or attempted to obtain any money or other thing of value from the Registrar of Vital Statistics, Baltimore City, by the use of a false statement, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

A. 7749

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 19 1888

4. Place of Birth, (Street and Number)

1216 N. E. Ave

5. Full Name of Mother,

Leon Turner

6. Mother's Maiden Name,

Leon Turner

7. Mother's Birthplace,

8. Full Name of Father,

Leon Turner

9. Father's Occupation,

Teacher

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Emile Peterson M.D.

Address,

105 - Disquite St

Remarks,

or persons who shall be required to comply with the provisions of this act, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7750

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 23d 1886.

4. Place of Birth, (Street and Number) 1521 Montrose St.

5. Full Name of Mother, Josephine Lawrence.

6. Mother's Maiden Name, " Lambert.

7. Mother's Birthplace, Ind.

8. Full Name of Father, Wm. H. Lawrence.

9. Father's Occupation, Teacher.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other Person who makes this Return.

Samuel F. Hill M.D.

Address,

1401 N. Fayette St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 7757*
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *November 23rd 1898*
4. Place of Birth, (Street and Number) *276 Roland Ave.*
5. Full Name of Mother, *Honora A. Collins*
6. Mother's Maiden Name, *Bradford*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Thomas B. Collins*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Maryland*
11. Name of Medical Attendant, *R. B. Vincent M.D.*
or other person who makes this Return
- Address, *460 Chestnut Ave.*
- Remarks,

Any person who neglects to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *George Michael Miller*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*

A. 7752

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov. 28th

4. Place of Birth (Street and Number),

2204 Galligan Court

5. Full Name of Mother,

Agnes Miller

6. Mother's Maiden Name,

Agnes Freudenmeyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Michael Miller

9. Father's Occupation,

can maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary A. Dorman

Address,

2119 Barton Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

A. 7753

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

November 26th

4. Place of Birth (Street and Number),

4630 Weymouth St.

5. Full Name of Mother,

Elizabeth Ranaus

6. Mother's Maiden Name,

Manger

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Ranaus

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. W. L. Dendy

Address,

1 E. Cor. Columbus & Fremont Aves.

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Caroline Vogel*
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *A. 7754*
1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number) *1817*
5. Full Name of Mother, *William Vogel*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Lower Merioneth*
8. Full Name of Father, *John Charles Vogel*
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address, *1727*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* A. 7755

1. Sex, (State whether male or female) *Female.*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *November 24.*

4. Place of Birth, (Street and Number) *1723 Bank St.*

5. Full Name of Mother, *Lizzie Roach.*

6. Mother's Maiden Name, *Lizzie Feller.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Richard Arthur Roach.*

9. Father's Occupation, *Fireman on the tugboat*

10. Father's Birthplace, *Charles County.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. M. Knicker*

Address, *829 E. Pratt St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

6011

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child A. 7756

1. Sex, (State whether male or female)

Louis Schmidt Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 24th 1888

4. Place of Birth, (Street and Number)

#933 - Lemon St.

5. Full Name of Mother,

Mary Schmidt.

6. Mother's Maiden Name,

Lang.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schmidt

9. Father's Occupation,

Cake Baker

Father's Birthplace,

Hessen Darmstadt.

Name of Medical Attendant,

or other person who makes this Return.

Annie Lindner

Address,

#106 S. Monmouth St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 7758
 1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, November 25th 1888
 4. Place of Birth, (Street and Number) 49 Caroline St.
 5. Full Name of Mother, M. Sanders
 6. Mother's Maiden Name, M. Silber
 7. Mother's Birthplace, Balto
 8. Full Name of Father, David Sanders
 9. Father's Occupation, Broommaker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, M. A. Butt
 Address, 1245 Monument St. & Central av.
 Remarks, Well

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A. 7759

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 25 Nov

4. Place of Birth, (Street and Number) 226 S. Caroline St

5. Full Name of Mother, Sarah Morris

6. Mother's Maiden Name, Goldstrom

7. Mother's Birthplace, Poland

8. Full Name of Father, Adolph Morris

9. Father's Occupation, dry goods store

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ullrich

Address, 1302 S. Maryland St

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child A 7760

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th November

4. Place of Birth, (Street and Number) 1401 Marshall av

5. Full Name of Mother, Mary Farnbach

6. Mother's Maiden Name, Mary Warrheff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Farnbach

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Minich

Address, 800 Sea View St

Remarks,

Persons who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Missing ^{II} A 7761 - [#] A 7774,
incl.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *third* *A. 7775*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *November 26. 1888*
4. Place of Birth, (Street and Number) *845 Remington Avenue*
5. Full Name of Mother, *Laura Sungholt*
6. Mother's Maiden Name, *Laura Schultz*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Adolph Sungholt*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Kalowitz* *No. 2*
- Address, *725 Mulberry Street*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7776

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 26 1888

4. Place of Birth, (Street and Number)

914 W. Madison St.

5. Full Name of Mother,

Ella M. Marshall

6. Mother's Maiden Name,

" " " " " "

7. Mother's Birthplace,

Paris, France

8. Full Name of Father,

John O. Marshall

9. Father's Occupation,

Carriage Driver

Father's Birthplace,

Kentucky

Name of Medical Attendant, or other person who makes this Return.

Theresa C. C. C.

Address.

914 W. Madison St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-15-35

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Morris Carnes Pawley, et A 7777
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Nov 26th 1888

4. Place of Birth (Street and Number),

Calvin Ave near York Rd

5. Full Name of Mother,

Ida Pawley

6. Mother's Maiden Name,

Willebr

7. Mother's Birthplace,

Balti Md

8. Full Name of Father,

James Pawley

9. Father's Occupation,

fork butcher

10. Father's Birthplace,

Balti Md

Name of Medical Attendant, or other person who makes this Return.

Dr B. Billings

Address,

1206 E. Boston St

Remarks,

Who are given or fail to comply with the provisions of this act shall be liable to a fine of not more than \$100 for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Male Child 5 1888

1. Sex (state whether male or female),

November 26 A 7778

2. Race or Color (if nat of the white race),

Colored

3. Date of Birth,

4. Place of Birth (Street and Number),

Stearnes Court

5. Full Name of Mother,

Ada Brown

6. Mother's Maiden Name,

Ada Brown

7. Mother's Birthplace,

Virgion

8. Full Name of Father,

Joseph Brown

9. Father's Occupation,

hauler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mrs Mondaunre

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 7779
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 26-1888
4. Place of Birth, (Street and Number) 35. S. Stricker
5. Full Name of Mother Mollie Dickey
6. Mother's Maiden Name Hollan
7. Mother's Birthplace Delaware
8. Full Name of Father William F. Dickey
9. Father's Occupation Merchant
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. W. R. McKim
- Address 1401 Linden
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 7780

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth,

Nov 26 / 88

4. Place of Birth, (Street and Number)

222 Bellis St

5. Full Name of Mother,

Emma Scott

6. Mother's Maiden Name,

Emma Johnson

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Gov Scott

9. Father's Occupation,

Laborer

Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other person who makes this Return.

Sam Woodland

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A 7781
 Sex, (State whether male or female) female
 Race or color, (if not of the white race) White
 Date of Birth, November 26th 1888.
 Place of Birth, (Street and Number) 2029 Chase St.
 Full Name of Mother, Sarah Jones
 Mother's Maiden Name, " Weckers
 Mother's Birthplace, Balto.
 Full Name of Father, Wm. Jones
 Father's Occupation, Arab
 Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, M. A. Butt
 Address, 1245 Monument St. & Central av.
 Remarks, Still Well

jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 7782

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 26 Nov.

4. Place of Birth, (Street and Number) 1609 116' Eldon St

5. Full Name of Mother, Katie Holme

6. Mother's Maiden Name, " Burlenslock

7. Mother's Birthplace, Balt.

8. Full Name of Father, Charles Holme

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Phila. Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. Rose M. L. L. L.

Address, 1302 Hollard St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

A. 7783

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

26 November 1888

4. Place of Birth, (Street and Number)

No 509 Myrtle av Balt

5. Full Name of Mother,

Cairrie Lewis

6. Mother's Maiden Name,

Cairrie Mc Cann

7. Mother's Birthplace,

Carroll County Md.

8. Full Name of Father,

Buck Lewis

9. Father's Occupation,

Race Rider

10. Father's Birthplace,

Cash Vill Tennessee

Name of Medical Attendant, or other Person who makes this Return.

Had none

Address,

Mid Mt Carroll hnt co.

Remarks,

235 harmony lane Balt.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Sarah Moore
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight* *A. 7784*

1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *November 26/88*
4. Place of Birth, (Street and Number) *121 Front St.*
5. Full Name of Mother, *Anna E. Thorne*
6. Mother's Maiden Name, *" Hallman*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Edmond B. Thorne*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Pembrey, Virginia*
- Name of Medical Attendant, or other person who makes this Return, *R. B. Vozzmont M.D.*
- Address, *161 Chestnut St. Hampden*
- Remarks, *CITY NAME ADDED. 9-14-53*
h. m.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 7785

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Nov 27th 1888

4. Place of Birth, (Street and Number)

602 William St

5. Full Name of Mother,

Mary McDermogh

6. Mother's Maiden Name,

" Fahey

7. Mother's Birthplace,

City

8. Full Name of Father,

John McDermogh

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

L. C. Burch M.D.

Address,

511 St. James St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5A. 7786
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 27/88

4. Place of Birth, (Street and Number) N^o 2113 Kaiser St.

5. Full Name of Mother,

Annie Dietrich

6. Mother's Maiden Name,

Hertel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Dietrich

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child A. 7787*
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 27th 1888*
 4. Place of Birth, (Street and Number) *#388 S Payson*
 5. Full Name of Mother, *Lena Schwalenberg.*
 6. Mother's Maiden Name, *" " Heimbecker.*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *Frank Schwalenberg.*
 9. Father's Occupation, *Blacksmith.*
 10. Father's Birthplace, *Elliot City.*
 Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
 Address, *#106 S. Monroe St.*
 Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 11th A 7788

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 30th 1888

4. Place of Birth, (Street and Number)

258 Pine Street cor Saratoga

5. Full Name of Mother,

Lena Gape

6. Mother's Maiden Name,

Lena Conradia

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Gape

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs St Mesenzehl

Address,

1507 Pennsylvania Ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Leora* *A. 7789*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov-27th*
4. Place of Birth, (Street and Number) *1120 Division st*
5. Full Name of Mother, *Edna Branson*
6. Mother's Maiden Name, *Cartier*
7. Mother's Birthplace, *St Marys County*
8. Full Name of Father, *George Branson*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *St Marys County*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Anni Johnson*
- Address, *710 Tyron st*
- Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 2

A 7790

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

27 Nov. 1888

4. Place of Birth, (Street and Number)

1618 Banes St

5. Full Name of Mother,

Louise Spiegelhalter

6. Mother's Maiden Name,

Louise Reiche

7. Mother's Birthplace,

Braunschweig

8. Full Name of Father,

Julius Spiegelhalter

9. Father's Occupation,

laborer

10. Father's Birthplace,

Eschig (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. Williams, M.D.

Address,

254 Carl St. Baltimore

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

A. 7791

Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

November 27 1888

4. Place of Birth, (Street and Number)

5014 Prestonman Street

5. Full Name of Mother,

Ida Harriet McClay

6. Mother's Maiden Name,

Manh

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Edward J. McClay

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Marbury Brown M.D.

Address,

1106 N. Carroll Street

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 7792

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) white

3. Date of Birth, 27 Nov.

4. Place of Birth, (Street and Number) 200 E. Gay St

5. Full Name of Mother, Caroline Linnbach

6. Mother's Maiden Name, Erbes

7. Mother's Birthplace, Europe

8. Full Name of Father, Peter Linnbach

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Ulbrich

Address,

1302 Ball and St

Remarks,

any such person as persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th.

A. 7743

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Tuesday Nov. 27th. 1888.

4. Place of Birth, (Street and Number)

305 E. Biddle St.

5. Full Name of Mother,

May L. Hermann.

6. Mother's Maiden Name,

May Ludwig.

7. Mother's Birthplace,

Girk. Co. Pa.

8. Full Name of Father,

Herman J. Hermann

9. Father's Occupation,

L.C.R. Road Employee.

Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

Wilbur Brimble M.D.

Address,

Chas. St. & Front Place.

Remarks,

shall be reported to the Registrar of Vital Statistics, Baltimore City, by any such person or persons who shall hereafter be required to be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

A 7794

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

27 Nov.

4. Place of Birth, (Street and Number)

214 S. Green St.

5. Full Name of Mother,

Anna Albert

6. Mother's Maiden Name,

Anna Linke

7. Mother's Birthplace,

Ochsenfurt Bavaria

8. Full Name of Father,

Anton Albert

9. Father's Occupation,

Candy Maker

10. Father's Birthplace,

Ochsenfurt Bavaria

Name of Medical Attendant, or other person who makes this Return.

Katherine Seebach

Address,

735 N. P. O. West

Remarks,

any such person who fails to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 7795*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov 27th*

4. Place of Birth, (Street and Number) *1711 Hope st*

5. Full Name of Mother, *Augusta Kiprecht*

6. Mother's Maiden Name, *" Brosowske*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Albert Kiprecht*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *E. S. Buddenberg*

Address, *418 S. Pacant.*

Remarks, *—*

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th* *A. 7796*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *Tuesday Nov. 27th 1885*

Place of Birth, (Street and Number) *No. 16 Frederick Ave*

Full Name of Mother, *Mary Resler*

Mother's Maiden Name, *Mary Braunreiter*

Mother's Birthplace, *Germany*

Full Name of Father, *Earnest Resler*

Father's Occupation, *Bakery*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Catherine Call*

Address, *No. 349 Bantline St*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 7797

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 27 November 1888

4. Place of Birth, (Street and Number) 807 Rose St.

5. Full Name of Mother, Friederike Wilhelmine Zander

6. Mother's Maiden Name, Friederike

7. Mother's Birthplace, Germania

8. Full Name of Father, Christoph Heinrich Zander

9. Father's Occupation, Labier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss. E. Lierseman

Address, No. 1295. Harb. street.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A. 7798

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 28th

4. Place of Birth, (Street and Number)

1436 Hanover St

5. Full Name of Mother,

Annie East

6. Mother's Maiden Name,

" Gibson

7. Mother's Birthplace,

City

8. Full Name of Father,

Robt. P. East

9. Father's Occupation,

Engineer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

W. C. Burch M.D.

Address,

511 Hanover St

Remarks,

any such person or persons who shall be convicted of this offense, to be recovered as civil fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female twin child

A 7799

2. Race or color, (if not of the white race)

3. Date of Birth,

28 Nov.

4. Place of Birth, (Street and Number)

318 Spring street

5. Full Name of Mother,

Amelia Reichel

6. Mother's Maiden Name,

Bonig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert Reichel

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1622 Granby street

Remarks,

Printed to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ³

1. Sex, (state whether male or female)

Female twin child **A 7799 1/2**

2. Race or color, (if not of the white race)

3. Date of Birth,

28 November

4. Place of Birth, (Street and Number)

318 Spring street

5. Full Name of Mother,

Amelia Reichel

6. Mother's Maiden Name,

Bouig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert Reichel

9. Father's Occupation,

Labourer

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Darrah Cooper

Address,

10 22 Granby street

Remarks,

Child born alive died third day of weakness

ected to the line of ten dollars for each of these, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A. 7800
 Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) White
 3. Date of Birth, November 28
 4. Place of Birth, (Street and Number) 1123 Penn. Ave
 5. Full Name of Mother, Mary Gachel
 6. Mother's Maiden Name, Mary Ginkhan
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Conrad Gachel
 9. Father's Occupation, Baker
 10. Father's Birthplace, Gchlitzy hesen Dansted
 Name of Medical Attendant, or other person who makes this Return, Susan Hunter
 Address, 23 W. Poppleton St
 Remarks, ...

any such person or persons who shall register (and its couple) with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 7801*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Nov. 28th*
4. Place of Birth (Street and Number), *403 Chester St. Baltimore*
5. Full Name of Mother, *Savinia Green*
6. Mother's Maiden Name, *Savinia Marshall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John W. Green*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Georgetown*
11. Name of Medical Attendant, or other person who makes this Return. *Mary A. Dorman*
- Address, *2119 Canton Ave.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A 7802

Sex, (state whether male or female),

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 28th 1888

4. Place of Birth, (Street and Number)

Free lying in Hospital 622 W. Lombard St.

5. Full Name of Mother,

Mary Rogers

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant,

or other person who makes this Return.

L. E. Seale M.D.

Address,

319 W. Monument St.

Remarks,

any act or omission of the Registrar or any other person in the performance of his duty which may result in the loss of the return shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *A. 7803*

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *Nov. 28th 1888*

Place of Birth, (Street and Number) *856 N. Pratt St.*

Full Name of Mother, *Kate Froom*

Mother's Maiden Name, *Barrakhan*

Mother's Birthplace, *Cockeysville Md.*

Full Name of Father, *William J Froom*

Father's Occupation, *Boilder*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *H. H. McQuinn M.D.*

Address, *814 N. Lombard St.*

Remarks, *Natural Labor,*

Whoever fails to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

T A 7804

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 28th 1888

4. Place of Birth, (Street and Number)

Freezing in Hospital

5. Full Name of Mother,

Edith Anders

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Unknown

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other Person who makes this Return.

L. E. Keale M.D.

Address,

319 W. Monument St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child A. 7800

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Wednesday November 28

1883

4. Place of Birth, (Street and Number)

No 21 W. Myrtle Street

5. Full Name of Mother,

Dora Singer

6. Mother's Maiden Name,

Dora Wiegand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Francis Wiegand

9. Father's Occupation,

Hardwar Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

W. S. C. S. S. S.

Address,

Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A. 7806

1. Sex, (state whether male ~~or~~ female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 28th 1888

4. Place of Birth, (Street and Number) E. Lombard St No 1812

5. Full Name of Mother, Mollie M^c Neire.

6. Mother's Maiden Name, Mollie M^c Koen

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Michael M^c Neire

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* *A. 7807*

1. Sex, (state whether ~~male~~ female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 28th 1888*

4. Place of Birth, (Street and Number) *Orleans St No 1619*

5. Full Name of Mother, *Margaretha Rodenberger*

6. Mother's Maiden Name, *Margaretha Resler*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John W. Rodenberger*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *Mary E. Miller*
or other person who makes this Return.

Address, *N. Daller St No 114*

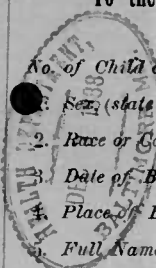
Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th* *A. 7808*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *Thursday Nov 29th 1888*
Place of Birth, (Street and Number) *No 21 Frederick Ave*
Full Name of Mother, *Anna Mary Gorman*
Mother's Maiden Name, *Anna Mary Emmerwein*
Mother's Birthplace, *Germany*
Full Name of Father, *Frederick Gorman*
Father's Occupation, *Hair spinner*
Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return. *Catherine Doll.*
Address, *No 349 Bantates St*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* *A. 7809*
 Sex, (State whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth *Band 29 day Nov 1888*
 Place of Birth, (Street and Number) *113 South Liberty Street*
 Full Name of Mother *Kate Miller*
 Mother's Maiden Name *Kate Kilbren*
 Mother's Birthplace *Baltimore*
 Full Name of Father *Robert Lu Miller*
 Father's Occupation *Saloon Keeper*
 Father's Birthplace *Savannah Ga*
 Name of Medical Attendant, or other person who makes this Return *Sydney Ylustrator*
 Address *23 W Tappan St*
 Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7810

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 Nov

4. Place of Birth, (Street and Number)

733 N. Charter St.

5. Full Name of Mother,

Dora Goetze

6. Mother's Maiden Name,

Kienast

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Albert Goetze

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. J. J. L. L. L.

Address,

528 N. Washington St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child A 7811*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 29 1888*

4. Place of Birth, (Street and Number) *Jackson St No 1215*

5. Full Name of Mother, *Anna K. Wittig*

6. Mother's Maiden Name, *Anna Engel*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Fredrick W. Wittig*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. D. Dallas St No 114*

Remarks, _____

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Not to be used for any other purpose than for the collection of statistics. The provisions of this section shall be subject to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 7812

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasoid

3. Date of Birth,

Nov 28th

4. Place of Birth, (Street and Number)

321. Preston st

5. Full Name of Mother,

Reitha West

6. Mother's Maiden Name,

..... Freeman

7. Mother's Birthplace,

Leicester Virginia

8. Full Name of Father,

George West

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Leicester Va.

Name of Medical Attendant, or other person who makes this Return.

Chas Ammi Johnson

Address,

710 Lygon st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7813

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 29th

4. Place of Birth, (Street and Number)

218 S. Bond

5. Full Name of Mother,

Cassie Creamer

6. Mother's Maiden Name,

Bell

7. Mother's Birthplace,

City

8. Full Name of Father,

Josiah Creamer

9. Father's Occupation,

Lumber Inspector

10. Father's Birthplace,

City

Name of Medical Attendant,

or other person who makes this Return.

E. P. Brown M.D.

Address,

1835 E. Balto. St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A 78/14

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 29 -

4. Place of Birth, (Street and Number)

25 North Market

5. Full Name of Mother,

Rebecca Amerienne

6. Mother's Maiden Name,

Rebecca Apilewicz

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Jacob American

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return.

Daniel V. Moynihan M.D.

Address,

1200 N. E. Ave. St.

Remarks,

City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *5th* A. 7815
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *27th November 1885*
4. Place of Birth, (Street and Number) *West 1st St. No. 205*
5. Full Name of Mother, *Emilie Gohrman*
6. Mother's Maiden Name, *Dingelange*
7. Mother's Birthplace, *Germanien*
8. Full Name of Father, *Ludwig Gohrman*
9. Father's Occupation, *Wool Merchant*
10. Father's Birthplace, *Germanien*
- Name of Medical Attendant, or other person who makes this Return. *Narcine Schweg*
- Address, *West 1st St. N. 434*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

A. 7817

1. Sex (state whether male or female)

m

2. Race or Color, (if not of the white race)

w

3. Date of Birth,

Nov 29, 1888

4. Place of Birth, (Street and Number)

1436 Argyle Ave

5. Full Name of Mother,

Anna C Copeland

6. Mother's Maiden Name,

Anna Barker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Copeland

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

North Carolina

Name of Medical Attendant, or other Person who makes this Return

John R Winslow M.D.

Address,

412 W Biddle St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 24 A 7818

Sex, (state whether male or female) Male

Race or color, (if not of the white race) White

Date of Birth, 29 H November

Place of Birth, (Street and Number) Baltimore S. Charles Street

Full Name of Mother, Catherine Catharine Weber

Mother's Maiden Name, Catharina Cuijter

Mother's Birthplace, Germany

Full Name of Father, Conrad Walker

Father's Occupation, Carbenter

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St.

Remarks,

Printed to the line of ten ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th : A 7819

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 29

4. Place of Birth (Street and Number),

221 W South Ave

5. Full Name of Mother,

Mary Wilson

6. Mother's Maiden Name,

Kunkle

7. Mother's Birthplace,

Fredrick Co.

8. Full Name of Father,

John L. Wilson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

A M Wilson

Address,

1008 Mar Ave

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / st " **A. 7820**

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov 29 1888*

4. Place of Birth, (Street and Number) *591 W. Calver Ave*

5. Full Name of Mother, *Emma J. Cassidin*

6. Mother's Maiden Name, *" " " Carter*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John J. Cassidin*

9. Father's Occupation, *Telegrapher*

10. Father's Birthplace, *Baltimore (Md)*

Name of Medical Attendant, or other person who makes this Return, *Thos. J. Carter M.D.*

Address, *100 N. Calver St. Baltimore*

Remarks, _____

Child for report its birth to the Commissioner of Health, in the manner as with in the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child A. 7822*
 Sex, (State whether male or female) *Boy*
 Race or color, (if not of the white race) *White*
 Date of Birth, *29th of November 1888*
 Place of Birth, (Street and Number) *222 North Cassel St.*
 Full Name of Mother, *Emilia Nauman*
 Mother's Maiden Name, *Emilia Dorsh*
 Mother's Birthplace, *Germany*
 Full Name of Father, *George Dorsh*
 Father's Occupation, *Schoolmaster*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Crescentia Kunkel*
 Address, *213 North Chesapeake St. per Justina Kunkel*
 Remarks, *Healthy*

any such person or persons who shall have been found guilty, with the intent to defraud, of any such offense, shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st " A 7823

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 29. 88

4. Place of Birth, (Street and Number)

" 1210 E. Eager

5. Full Name of Mother,

Mary Veel

6. Mother's Maiden Name,

Antone

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Chas. H. Veel

9. Father's Occupation,

Practitioner of Medicine

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

Jno. H. Rickel M.D.

Address,

1312 Rhur St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

A. 7824

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 30th 1888

4. Place of Birth, (Street and Number)

#506 President St.

5. Full Name of Mother,

Margaret Curcio

6. Mother's Maiden Name,

Baccalupa

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Frank Curcio

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lenna M. H. H. H.

Address,

#10380 Monument St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A 7825

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 20 1858

4. Place of Birth, (Street and Number)

1615 Presbury St

5. Full Name of Mother,

Catherine Garley

6. Mother's Maiden Name,

Katherine M. Govern

7. Mother's Birthplace,

Chimfield, Ohio

8. Full Name of Father,

Nathaniel William Garley

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore, M. D.

Name of Medical Attendant, or other person who makes this Return.

Mrs Sarah Collins

Address,

1610 Tincott Alley near

Remarks,

Robert St

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as of right and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 7826

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November the 30th 1898

4. Place of Birth, (Street and Number)

Baltimore Md #220 Jones St

5. Full Name of Mother,

Arena Jones

6. Mother's Maiden Name,

Arena Johnson

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Henry Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Dorothy Sewell

Address,

213 Jones St Baltimore Md

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not to be used for any other purpose than for the purpose for which it is issued. No fee to be paid for this certificate.

DEC 3 1888
BALTIMORE

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 7827
 2. Sex, (state whether male or female) Male
 3. Race or color, (if not of the white race)
 4. Date of Birth, 30 Nov.
 5. Place of Birth, (Street and Number) 809 Pluamin
 6. Full Name of Mother, Mary Williams
 7. Mother's Maiden Name, Winter
 8. Mother's Birthplace, Baltimore
 9. Full Name of Father, Charles Williams
 10. Father's Occupation, Machinist
 11. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Sarah Casper
 Address, 1022 Grandy street
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 0

A. 7828

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Nov 30

4. Place of Birth, (Street and Number) 712 - Penn ally

5. Full Name of Mother, Susie Lonely

6. Mother's Maiden Name, Susie Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Lonely

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary Thompson

Address,

635 Josephine

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7829
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colo. ad
3. Date of Birth, Nov 30th
4. Place of Birth, (Street and Number) 592 Union St
Francis Coats
5. Full Name of Mother, Boge
6. Mother's Maiden Name, West River m D
7. Mother's Birthplace, Dennis Coats
8. Full Name of Father, Leban
9. Father's Occupation, West River m D
10. Father's Birthplace, Annie Johnson
- Name of Medical Attendant, or other person who makes this Return, 710 Jayson St
- Address,
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 7830

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 30th

4. Place of Birth, (Street and Number) 103rd Madison St

5. Full Name of Mother, Elena Hinton

6. Mother's Maiden Name, Elena Lissosman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hinton

9. Father's Occupation, Saliseman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. Laura C. Wright

Address, 130 Madison St

Remarks, _____

of persons who shall hereafter fill in conformity with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd. children* *B. 7831*

1. Sex, (state whether male or female) *Male & Female*

2. Race or color, (if not of the white race)

3. Date of Birth, *30 November*

4. Place of Birth, (Street and Number) *900 Lombard St. corner of High*

5. Full Name of Mother, *Mary Davis Dixon*

6. Mother's Maiden Name, *Davis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *David Dixon*

9. Father's Occupation, *Boiler maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return *Sarah Casper*

Address, *1022 Trumbull Street*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

A. 78132

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 30. 1886.

4. Place of Birth, (Street and Number) 6 E. Montgomery St.

5. Full Name of Mother, Annie Scarborough

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Scarborough

9. Father's Occupation, Police

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return.

Wm. Scarborough

Address, 15 E. Montgomery St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 7833

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 30th 1888.

4. Place of Birth, (Street and Number) 1625 Gough St.

5. Full Name of Mother, Louisa Johnson

6. Mother's Maiden Name, DePape

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Iver Johnson.

9. Father's Occupation, Seaman

10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return.

W. C. Creamer M.D.

Address,

Remarks,

for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 7834

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Nov 30 " 88

4. Place of Birth, (Street and Number)

Wt. lying in Hospital 622 W Lombard St

5. Full Name of Mother,

Lizzie Blank

6. Mother's Maiden Name,

Not known

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Not known

9. Father's Occupation,

" "

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

D. E. Keale M.D.

Address,

319 N. Monument St

Remarks,

Return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, if not recovered as otherwise recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 7835

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

November of 2.

4. Place of Birth, (Street and Number)

528 Gross St.

5. Full Name of Mother,

Elise Wabbe.

6. Mother's Maiden Name,

Elise Wrigtman.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Otto Wrigtman.

9. Father's Occupation,

Seiner.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Auguste Bisen.

Address,

927 South Lathrup St.

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 780

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 30. 98

4. Place of Birth, (Street and Number)

2277 Buck St

5. Full Name of Mother,

Mrs. Martha Frances Brum

6. Mother's Maiden Name,

Miss Martha Frances Brum

7. Mother's Birthplace,

Buck. Md

8. Full Name of Father,

Rev. John Brum

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Buck. Md

Name of Medical Attendant, or other person who makes this Return.

G. L. Clark M.D.

Address,

2207 S. Ball St

Remarks,

Natural delivery

any such person as fails to file this return within the time specified in this notice, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

40 A 7827

1. Sex, (State whether male or female)

female.

2. Race or color, (if not of the white race)

white.

3. Date of Birth,

November of 3.

4. Place of Birth, (Street and Number)

1117 Beach: Alley.

5. Full Name of Mother,

Auguste Rieth

6. Mother's Maiden Name,

Auguste Rieth.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Rieth

9. Father's Occupation,

Schimmel: Schneider.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Auguste Boriery

Address,

927 South: Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

A 7838

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

Nov. 4th 1888

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Martha Bell

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

A. V. Meade M.D.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

22

A.

7539

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 4th 1888

4. Place of Birth, (Street and Number)

115 N. Lombard St.

5. Full Name of Mother,

Mary McKenney

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Ind

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

A. V. Hendrix M.D.

Address,

115 N. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.* *A.* *7840*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *November 5th, 1888*

4. Place of Birth, (Street and Number) *366 Davis St.*

5. Full Name of Mother, *Lizzie Green*

6. Mother's Maiden Name, *" Palmer*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *Wm Green*

9. Father's Occupation, *Laborer*

Father's Birthplace, *Bald*

Name of Medical Attendant, or other person who makes this Return. *M. S. B. W.*

Address, *1245 Monument St. & Centre av.*

Remarks, *All Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth A. Atkinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth 5th A. 7841

Sex, (state whether male or female)

Male Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 5th 1888

4. Place of Birth, (Street and Number)

1310 Stokim Street

5. Full Name of Mother,

Jennie Atkinson

6. Mother's Maiden Name,

Jennie Bearroad

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Atkinson

9. Father's Occupation,

Butcher

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Annie Meyers

Address,

1602 Pennsylvania Ave

Remarks,

CERTIFICATE CORRECTED

9-9-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A 7847

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Nov 6th 1888

4. Place of Birth, (Street and Number)

525 Preston St

5. Full Name of Mother,

Virginia Locke.

6. Mother's Maiden Name,

Virginia Wheeler

7. Mother's Birthplace,

Washington, D.C.

8. Full Name of Father,

Benson Locke

9. Father's Occupation,

Waiter

Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Hester Estance

Address,

509 Preston St

Remarks,

Persons failing to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any person who fails to comply with the provisions of this section shall be liable to a fine of not more than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. st.* *A 7843*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *white*
- Date of Birth, *November of 1.*
- Place of Birth, (Street and Number) *156. Green St.*
- Full Name of Mother, *Carrie Weller.*
- Mother's Maiden Name, *Carrie Lebert*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *John V. Weller.*
- Father's Occupation, *Viet Fore.*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Augusto Berien.*
- Address, *927 South Perry St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth (5) A-7544

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 6th

4. Place of Birth, (Street and Number)

1101 Sharp st. Balto.

5. Full Name of Mother,

Johannah Riesett

6. Mother's Maiden Name,

" Sundina

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jos. V. Riesett

9. Father's Occupation,

Saloon-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Auguste Bozien

Address,

927 Sharp

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 2nd ... A. 78-15

Sex, (state whether male or female) ... Female

Race or color, (if not of the white race) ... White

Date of Birth, ... 7 Nov

Place of Birth, (Street and Number) ... 1639 Hartford Ave

Full Name of Mother, ... Mary Pomeroe

Mother's Maiden Name, ... 1st Filbert

Mother's Birthplace, ... Balto

Full Name of Father, ... Aaron Pomeroe

Father's Occupation, ... Shoemaker

Father's Birthplace, ... Balto

Name of Medical Attendant, or other person who makes this Return, ... Mrs Julia Greeny

Address, ... 940 N. Bay St

Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 7846

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 8th 1888

4. Place of Birth, (Street and Number)

115 W. Lombard St

5. Full Name of Mother,

Louise Meyers

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. O. Mudd M.D.

Address,

115 W. Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A. 7847
Female

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 8/88

4. Place of Birth (Street and Number),

~~804~~ 1404 S. Calhoun

5. Full Name of Mother,

Mary A Dougherty
in Sharkey

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Geo R. Dougherty
Engineer

9. Father's Occupation,

10. Father's Birthplace,

Mo
Geo D. Blakem

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

for each offender, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15

A 7848

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 8th 1888

4. Place of Birth, (Street and Number)

1819 Gay St.

5. Full Name of Mother,

Minnie Gluber

6. Mother's Maiden Name,

Minnie Daeschel

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Geo. Gluber

9. Father's Occupation,

Picture frame maker

Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

M. A. B. W.

Address, 1245 Monument St. V Central av.

Remarks, All Well

any one who is not a resident of Baltimore City, or who is not a citizen of the United States, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

7849

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 7th 1888

4. Place of Birth, (Street and Number)

527 Euter. St.

5. Full Name of Mother,

Kate Fraizer

6. Mother's Maiden Name,

Kate Burk.

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Richard Fraizer

9. Father's Occupation,

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

M. A. Britton

Address, 1245 Monument St. & Central av

Remarks, All Well

Any such person as knowingly or negligently neglects to file this return, or to file a false return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 102 3, 7850
1. Sex, (state whether male or female) ~~Male~~ female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 9th 1888
4. Place of Birth, (Street and Number) 115 W. Lombard str.
5. Full Name of Mother, Anna Summers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, W. Va.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
- Name of Medical Attendant, or other Person who makes this Return. L. T. Wendell M.D.
- Address, 115 W. Lombard str.
- Remarks, —

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 7857

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 9th 1878

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Susan Thompson

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Ind

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

S. W. Wendel M.D.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *See Cr.*

A. *7852*

☒ Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

9th November 1888

4. Place of Birth, (Street and Number) *620 Chestnut Street*

5. Full Name of Mother,

Mary Dancing

6. Mother's Maiden Name,

Mary Hill

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Dancing

9. Father's Occupation,

Butcher

☒ 10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Anna Spanghel

Address,

1507 Pennsylvania St.

Remarks,

any such person who shall thereafter be convicted of the same offense, to be recovered in other fines and forfeitures are recoverable.

any such person who shall thereafter be convicted of the same offense, to be recovered in other fines and forfeitures are recoverable.

any such person who shall thereafter be convicted of the same offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd A. 7854

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Nov 10th

4. Place of Birth, (Street and Number).

1326 N. Broadway

5. Full Name of Mother,

Ida Buck

6. Mother's Maiden Name,

" Rogers

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Jose G. Buck

9. Father's Occupation,

Electrotyper

Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Mrs. Julia Thomas

Address,

940 N. Gay St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

3rd A. 7855

Female
White

11th of 1900

1302 Balto St.
Elizabeth Murphy

" " " " " " " "
Balto St
Jm Murphy
Restaurant & Beer Parlor
Balto

Mrs L. L. L. L.

217 North Charles St

Noted to the use of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5.

A 7855

1. Sex, (State whether male or female).

female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

November 12th 1888

4. Place of Birth, (Street and Number)

800 Pierce St.

5. Full Name of Mother,

J. G. Taylor

6. Mother's Maiden Name,

A. E. Miles

7. Mother's Birthplace,

Pocahontas City

8. Full Name of Father,

Geo. Taylor

9. Father's Occupation,

Waiter at Pennard House

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

W. J. Bull

Address, 1245 Monument St. & Centre av.

Remarks, All well died the 8th day.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child A 7857*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *13 November 1888*

4. Place of Birth, (Street and Number) *W Pratt 407*

5. Full Name of Mother, *Luna Schleicher*

6. Mother's Maiden Name, *Luna Schleicher*

7. Mother's Birthplace, *Wiesbaden Prussia*

8. Full Name of Father, *Oskar Schleicher*

9. Father's Occupation, *Lithographer*

10. Father's Birthplace, *Berlin Prussia*

Name of Medical Attendant, or other Person who makes this Return, *D. F. Reinhard*

Address, *2201 Howard Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 7858
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov 13th 1888.
 4. Place of Birth, (Street and Number) #1432 E. Fayette St
 5. Full Name of Mother, Lizzie Harrison
 6. Mother's Maiden Name, Mennie
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, A. H. Harrison
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Miss Clara Halliday
 Address, #1038 E. Monument St
 Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 7857

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Nov. 13th 1888
4. Place of Birth, (Street and Number) 886 W. Gay st.
5. Full Name of Mother, Shifra Brown
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Brown
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this return.

Mrs. C. Bernstein

Address, 22 S. Epton st.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 7860

1. Sex. (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Nov. 13th 1888
4. Place of Birth, (Street and Number) 208 Albemarle st.
5. Full Name of Mother, Annie Hannan
6. Mother's Maiden Name, Dinton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Hannan
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

B. A. 7561

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

November 14th 1888

4. Place of Birth, (Street and Number)

1743 Washington St.

5. Full Name of Mother,

Marg. Miller

6. Mother's Maiden Name,

" Kaffstedder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Miller

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs M. J. Burr

Address, 1245 Monument 12

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th. A. 7862

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 14th, 1888.

4. Place of Birth, (Street and Number)

510 Roland Ave.

5. Full Name of Mother,

Eliza Katz Belt

6. Mother's Maiden Name,

" " Bengou

7. Mother's Birthplace,

Maryland (Montgomery Co.)

8. Full Name of Father,

Wm. H. Belt

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Maryland (Carroll Co.)

Name of Medical Attendant, or other person who makes this Return.

Chas. H. Mitchell M.D.

Address,

295 Chestnut Ave. Baltimore.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First, 1st A. 7863*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Nov 15th 1888*

4. Place of Birth, (Street and Number) *# 1502 E Monument St*

5. Full Name of Mother, *Emma Overcash*

6. Mother's Maiden Name, *a Davis*

7. Mother's Birthplace, *South Carolina*

8. Full Name of Father, *Thos W Overcash*

9. Father's Occupation, *Fire Smith*

10. Father's Birthplace, *North Carolina*

Name of Medical Attendant, or other Person who makes this Return. *L. E. Leake M.D.*

Address, *1519 E Baltimore St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

A. 7864

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Nov. 15th 1898

4. Place of Birth, (Street and Number) 381 Gough st.

5. Full Name of Mother, Sarah Sachs

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Isaac Sachs

9. Father's Occupation, Stone keeper

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs. G. Bernstein

Address, 122 S. E. 1st St.

Remarks,

By which return of birth is made, the fine of ten dollars for each offense, to be recovered as other laws

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A. 7865

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Nov. 16th 1888

4. Place of Birth, (Street and Number) 121 Market Space

5. Full Name of Mother, Sarah Heiman

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Jacob Heiman

9. Father's Occupation, Labour

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs. C. Bernstein

Address, 122 S. Euter St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 7868*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 16th 1888*

4. Place of Birth, (Street and Number) *Albemarle & Granby sts.*

5. Full Name of Mother, *Sarah Kirsh*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Moses Kirsh*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return. *Mrs G. Bernstein*

Address, *122 S. Exeter st.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, or the child to report its birth to the Commissioner of Health, or any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 7867*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 17th 1888*
4. Place of Birth, (Street and Number) *#1202 Central Av.*
5. Full Name of Mother, *Mary E. Roseman*
6. Mother's Maiden Name, *Kernman*
7. Mother's Birthplace, *Balto Md.*
8. Full Name of Father, *Jacob E. Roseman*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Balto Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Anna Villagut*
- Address, *#1038 E. Monument*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th 7858

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 17/88

4. Place of Birth (Street and Number),

543 Lee St (W)

5. Full Name of Mother,

Emma A. Hay

6. Mother's Maiden Name,

Maughans

7. Mother's Birthplace,

N.Y.

8. Full Name of Father,

Walter Hay

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

N.Y.

Name of Medical Attendant, or other person who makes this Return.

W. H. Blaine M.D.

Address,

Remarks,

Another. Inmate of the Commission of Health, in the manner and form as provided in this section shall be made for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible]

Eight 9 7869

- Male
Phoebe

Whale
November 14th 1885

624 N. Edin. St.

Amelia Aubrey

Mem. Ford.

Anna Louis W.

John H. Aubrey

Ernest Falkner

Baltimore

S. H. Seligman M. D.

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9-7870
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth November 17, 1888
4. Place of Birth, (Street and Number) 322 Madison St
5. Full Name of Mother Minnie Clapproth
6. Mother's Maiden Name Minnie Reichhardt
7. Mother's Birthplace West Virginia
8. Full Name of Father August Clapproth
9. Father's Occupation Wormier Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wiley M.D.
- Address 724. N. Leaden St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 7871

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov. 14th 1888

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Margaret Fox

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

MD

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

A. V. Hender W. D.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A. 2877

1. Sex. (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Feb 18th 1888

4. Place of Birth, (Street and Number)

714 Myrtle Avenue

5. Full Name of Mother,

Mary Robinson

6. Mother's Maiden Name,

Mary Fisher

7. Mother's Birthplace,

Annapolis, Md.

8. Full Name of Father,

James Robinson

9. Father's Occupation,

Shipping Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Hester Colance

Address,

508 Preston St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd **A7873**
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 18 Nov
4. Place of Birth, (Street and Number) 1633 N. Dallas St
5. Full Name of Mother, Mary Whoman
6. Mother's Maiden Name, Muhl
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Whoman
9. Father's Occupation, Bartender
Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groomy
Address, 940 N. Gay St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A 7874

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

19 November 1888

4. Place of Birth, (Street and Number)

North Street 25

5. Full Name of Mother,

Elise Kemett

6. Mother's Maiden Name,

Elise Felix

7. Mother's Birthplace,

Goettingen

8. Full Name of Father,

Martin Kemett

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Wilhelmshof Bremen

Name of Medical Attendant, or other Person who makes this Return.

L. F. Reinhard

Address,

720 N Howard Street

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 7875

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 19th 97

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Sallie Jones

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. V. Medelmont.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

A. 7876

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 19th 1888.

4. Place of Birth, (Street and Number) 41030 Chesapeake St

5. Full Name of Mother, Annie M. Gable.

6. Mother's Maiden Name, " " Gable.

7. Mother's Birthplace, Boston, Mass.

8. Full Name of Father, J. S. Gable.

9. Father's Occupation, Police Officer.

Father's Birthplace, Alexandria, Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. G. Gable.

Address, 41030 Chesapeake St.

Remarks,

shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

2nd A. 7877

Male 1011

Nov 19/88

783 Columbia Ave

Amie, M. Peters

4 a Warren

~~Case~~ Ohio

Emergen 7 Plums

Baker

Germany

no black ink

or other person who makes this Return.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 7878

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

21 Nov

4. Place of Birth, (Street and Number)

1211 Jefferson St

5. Full Name of Mother,

Mary Scherzer

6. Mother's Maiden Name,

In Carter

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William Scherzer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs. Julia Groome

Address,

940 N. Bay St

Remarks,

Printed to the use of ten city districts for small packages.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st 21* *7877*
1. Sex, (state whether male or female) *Colored Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 21 85*
4. Place of Birth, (Street and Number) *116 York St. City*
5. Full Name of Mother, *May E Goldborough*
6. Mother's Maiden Name, *May E Gray*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Thomas Goldborough*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return, *None*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *A. 7880*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 22nd 1888.*

4. Place of Birth, (Street and Number) *#911 N. Caroline St.*

5. Full Name of Mother, *Mary Lamm.*

6. Mother's Maiden Name, *Kelmer.*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *George Lamm.*

9. Father's Occupation, *Bookbinder.*

Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. W. H. H. H. H.*

Address, *#1038 N. Caroline St.*

Remarks, _____

any child born in Baltimore City, is liable to be fined ten (10) dollars for each offense, to be recovered as other child.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 7881

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Nov 22nd 1888

4. Place of Birth, (Street and Number) 223 S. High st.

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, John Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C Bernstein

Address, 22 S. Exeter st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 7682
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov. 23rd, 1888.
 4. Place of Birth, (Street and Number) #937 E. near St.
 5. Full Name of Mother, Mary Hermann.
 6. Mother's Maiden Name, Kraus.
 7. Mother's Birthplace, Balto. Md.
 8. Full Name of Father, Louis Hermann.
 9. Father's Occupation, Barber.
 Father's Birthplace, Balto. Md.
 Name of Medical Attendant, or other person who makes this Return, M. J. H. H. H.
 Address, #1034 E. Calverton St.
 Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

84

A 7883

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

23 of November 1882

4. Place of Birth (Street and Number),

J. H. Bond Street Lane

5. Full Name of Mother,

Maggie Miller

6. Mother's Maiden Name,

Maggie Sink

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Magdalene Brune

Address,

1600 N. E. St.

Remarks,

and forfeitures are recoverable.

Missing [#]A 7884 - [#]A 7888,
incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A. 7889

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 25th 1888

4. Place of Birth, (Street and Number)

903 E. Eden St.

5. Full Name of Mother,

Annie Belle Deal

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John T. Deal, Jr.

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

S. W. Seldner M. D.

Address,

S. F. for Caroline Fager St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 7890*
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *November 20th 1888*
 4. Place of Birth, (Street and Number) *139 W. Elderng St.*
 5. Full Name of Mother, *Ruth Trehman*
 6. Mother's Maiden Name, *Taylor*
 7. Mother's Birthplace, *Frederick, Md.*
 8. Full Name of Father, *Frederick Trehman*
 9. Father's Occupation, *Fuller*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who make this Return, *S. H. Seldner M.D.*
 Address, *S. E. for Caroline & Jager etc.*
 Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first A. 7891

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

25-9-1891

4. Place of Birth, (Street and Number)

1026 Portico way

5. Full Name of Mother,

Maria E. Jones

6. Mother's Maiden Name,

C

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Charles E. Jones

9. Father's Occupation,

U. S. Army

Father's Birthplace,

California

Name of Medical Attendant, or other person who makes this Return,

Wm. B. Jones

Address,

1126 Portico way

Remarks,

any such person or persons who shall receive or attempt to receive any fee or gratuity for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report the birth of a child, or any person or persons to whom hereafter fall in compliance with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 7892*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *Nov 25, 1888*

4. Place of Birth, (Street and Number) *1309 Daniel Hill Avenue*

5. Full Name of Mother, *Martha White*

6. Mother's Maiden Name, *Martha Ball*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *James White*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Foster Colman*

Address, *508 Preston st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 7593

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov. 25th 1898

4. Place of Birth, (Street and Number)

Walter's Hospital

5. Full Name of Mother,

Mattie Johnson

115 N. Lombard St.

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Va.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. C. Mendenhall M.D.

Address,

115 N. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 A 7894

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 26 1888

4. Place of Birth (Street and Number),

1123 S. Paca St

5. Full Name of Mother,

Rose K Bertin

6. Mother's Maiden Name,

Flack

7. Mother's Birthplace,

city

8. Full Name of Father,

Theo Bertin

9. Father's Occupation,

Glafblower

10. Father's Birthplace,

NY

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Who shall hereafter fail to comply with the provisions of this Act, or who shall hereafter fail to recover as other fines and forfeitures are recoverable, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth (9th) A 7895

1. Sex (state whether Male or Female)

Male
white

2. Race or Color (if not of the white race)

3. Date of Birth

November 26th, 1888.

4. Place of Birth (Street and Number)

No. 1211 Mc Culloch St
Clara Steele
Skurnick

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Steele
Merchant Sailor

9. Father's Occupation

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.
414 N. Greene St

Address

Remarks

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A.* *7897*
1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 27th 88*
 4. Place of Birth, (Street and Number) *506 N. Lee St.*
 5. Full Name of Mother, *Helena Puckett*
 6. Mother's Maiden Name, *Wittke*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John J. Puckett*
 9. Father's Occupation, *Book-keeper*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *S. H. Sedgwick, M.D.*
S. E. Cor. Caroline & Eager
- Address, _____
- Remarks, _____

any such person or persons, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth *A 7897 1/2*

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov. 27 88

4. Place of Birth, (Street and Number)

516 St. Les. St.

5. Full Name of Mother,

Helena Puchelt

6. Mother's Maiden Name,

Hittakindt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John T. Puchelt

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

S. H. Seltner M.D.

Address,

S. E. Cor. Caroline & Eager

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

89

A. 7898

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race).

Colored

3. Date of Birth,

Nov 11th 1888

4. Place of Birth, (Street and Number)

728 Pierce Street

5. Full Name of Mother,

Hester Butler

6. Mother's Maiden Name,

Hester Simons

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Elias Butler

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Hester Costance

Address,

508 Preston St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be fined for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th* *A* *7400*

1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Nov. 27th 1888*
4. Place of Birth, (Street and Number) *911 E. Lombard st.*
5. Full Name of Mother, *Fanny Joselesohn*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Isaac Joselesohn*
9. Father's Occupation, *Store Keeper*
10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return. *Mrs. C. Bernstein*

Address, *228 E. Lexington st.*

Remarks, _____

~~CERTIFICATE CORRECTED~~ ⁴⁻²⁶⁻⁶²
~~RECEIVED~~ ⁴⁻²⁶⁻⁶² ~~OF A BIRTH~~
 GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Frederick Drechsler* *3d.* *A. 7904*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Sex, (State whether male or female) *male*
 Race or color, (if not of the white race) *white*
 Date of Birth, *Nov. 28, 1888*
 Place of Birth, (Street and Number) *W. Fayette St. 1089*
 Full Name of Mother, *Theres Drechsler*
 Mother's Maiden Name, *Theres Hockholzer*
 Mother's Birthplace, *Boessath, Bayern*
 Full Name of Father, *Friedrich Drechsler*
 Father's Occupation, *Leinwandmacher*
 Father's Birthplace, *Neuzingen Württemberg*
 Name of Medical Attendant, *Mrs. Springer*
 Address, *217 North Schenck St.*
 Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 7402

● Sex (state whether male or female),

Boy

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 28/88

4. Place of Birth (Street and Number),

612 N. Monmouth St

5. Full Name of Mother,

Georgiana Wearn

6. Mother's Maiden Name,

Jaylon City

7. Mother's Birthplace,

8. Full Name of Father,

Jacob Wearn

9. Father's Occupation,

Cigar Maker

● Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. D. Blackman

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be liable for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
female

E. 7903

Sex, (State whether male or female).

2. Race or color, (if not of the white race)

Nov 28. 1888

3. Date of Birth,

4. Place of Birth, (Street and Number)

2105 E. Balt. St.

5. Full Name of Mother,

Mrs. Catherine Taylor Hunter Brady

6. Mother's Maiden Name,

Miss Catherine Taylor Hunter
Baltimore Md

7. Mother's Birthplace,

8. Full Name of Father,

James Henry Brady
of Baltimore

9. Father's Occupation,

Butcher, Ireland

10. Father's Birthplace,

G. C. Luck M. D.

Name of Medical Attendant, or other person who makes this Return.

2000 E. Balt. St.

Address,

Natural delivery

Remarks,

shall occur without the attendance of the mother, immediately thereafter, in the manner and within the time specified in this section shall be liable to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *34* *A. 7904*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *23 November 1888*

4. Place of Birth, (Street and Number) *W. Baltimore St 610*

5. Full Name of Mother, *Margaretta Rust*

6. Mother's Maiden Name, *Mr. Knoop*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Friedrich Wilhelm Rust*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. J. Rickard*

Address, *720 N Howard Street*

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 7906

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov 28th

4. Place of Birth, (Street and Number) 1125 Locust St

5. Full Name of Mother, Ida Blanch Reese

6. Mother's Maiden Name, " " Reid

7. Mother's Birthplace, Virginia

8. Full Name of Father, Reuben Andrew Reese

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groves

Address, 440 N. Gay St

Remarks, _____

For every omission or error in this Return, the Registrar is liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 7905

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), color

3. Date of Birth, November 29 1888

4. Place of Birth (Street and Number), hanover st 728

5. Full Name of Mother, corness more

6. Mother's Maiden Name, corness wicken

7. Mother's Birthplace, North caroliner

8. Full Name of Father, john mard

9. Father's Occupation, labor

10. Father's Birthplace, North caroliner

Name of Medical Attendant, or other person who makes this Return. cur's chollotte William

Address, 607 South Howard st

Remarks, five dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

7907

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 29/88

4. Place of Birth (Street and Number),

1169 Nautica St

5. Full Name of Mother,

Carrie Borquach

6. Mother's Maiden Name,

" Nickers

7. Mother's Birthplace,

City

8. Full Name of Father,

Joseph Borquach

9. Father's Occupation,

Carpenter

Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

Wm. H. Blackman

Address,

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 7908

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

20th Nov. 1888

4. Place of Birth (Street and Number),

1144 Baltimore St.

5. Full Name of Mother,

Ellen Mc Mahan

6. Mother's Maiden Name,

Ellen Garland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick M. Mc Mahan

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. N. S. Colwell

Address,

1144 Baltimore St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child ^{Dec 27 9 09}

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

31st of November 1888

4. Place of Birth, (Street and Number)

1124th Franklin st

5. Full Name of Mother,

Lena Fredhoff Muller

6. Mother's Maiden Name,

Lena Fredhoff

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Muller

9. Father's Occupation,

Bar Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Mrs. Schneider

Remarks,

217

Schneider St

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 7910
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 30-1888
4. Place of Birth, (Street and Number) 17 W. Montgomery St
5. Full Name of Mother Lena C. (Alt)
6. Mother's Maiden Name Lena C. Kraeger
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frank Alt
9. Father's Occupation Laborer
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who make this Return. E. K. Wiley M.D.
Address 724 N. Carey St.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6* 7911
 Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Nov 30 1895*
 4. Place of Birth, (Street and Number) *NE Corner Smallwood St. Christon*
 5. Full Name of Mother, *Annie Alacker*
 6. Mother's Maiden Name, *Engelhard*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George Alacker*
 9. Father's Occupation, *Barber*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs E Dumas*
 Address, *N 1927 W Lombard St*
 Remarks,

any such person or persons who shall neglect or refuse to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

for A. 7912

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Colored.

3. Date of Birth,

Nov 7th 1888

4. Place of Birth, (Street and Number)

no 566 W. Biddle

5. Full Name of Mother,

Mertie Jackson

6. Mother's Maiden Name,

Mertie Foster

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Weyne Jackson

9. Father's Occupation,

Labour

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Hester Cotance

Address,

508 Preston st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. 7913

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Nov 9th 1888*

4. Place of Birth, (Street and Number) *934 E. Eager*

5. Full Name of Mother, *Maggie Hogan*

6. Mother's Maiden Name, *M. O'Namara*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Arthur Hogan*

9. Father's Occupation, *Black-Smith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. J. Andrews, M.D.*

Address, *711 N. Calvert St*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered, at other times and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 7914

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

November 9th 1888

4. Place of Birth, (Street and Number)

824 Franklin St

5. Full Name of Mother,

Augusta Foster

6. Mother's Maiden Name,

Waller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Foster

9. Father's Occupation,

Boiler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Lt. Colonel M.D.

Address, S. E. for Caroline & Edgar Sts

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

7910

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) wht

3. Date of Birth, Nov. 9. 1888

4. Place of Birth, (Street and Number) 1536 Argyle ave

5. Full Name of Mother, Anna E. Kraft

6. Mother's Maiden Name, " Disch

7. Mother's Birthplace, Md

8. Full Name of Father, Walter S. Kraft

9. Father's Occupation, Painter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill

Address, 922 Madison ave

Remarks, Chlorform & Instrument

Printed by the City of Baltimore for each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A. 7916

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 9th 1888

4. Place of Birth, (Street and Number)

538 Grand Court

5. Full Name of Mother,

Mollie Crofton

6. Mother's Maiden Name,

Mollie Thomas

7. Mother's Birthplace,

City

8. Full Name of Father,

Edw. Crofton

9. Father's Occupation,

Laborer

Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Wm. E. Shannon M.D.

Address,

1424 Penn. Ave.

Remarks,

Infant born to mother in full term, weight 7 pounds, length 20 inches, etc.

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Cth. A. 7913

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11/17/1888.

4. Place of Birth, (Street and Number)

2330 Barclay St.

5. Full Name of Mother,

Annie Drummond

6. Mother's Maiden Name,

Lindsay

7. Mother's Birthplace,

Worcester Co. Md.

8. Full Name of Father,

David W. Drummond

9. Father's Occupation,

Trav. Salesman

10. Father's Birthplace,

Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Edward J. J. J. J.

Address,

837 W. E. St.

Remarks,

For each office to be returned as other laws and ordinances are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd. Sabra A 7/17*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 28/18*

4. Place of Birth, (Street and Number) *609 Sharp st*

5. Full Name of Mother, *Flora Licht*

6. Mother's Maiden Name, *" Saviansky*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Simon Licht*

9. Father's Occupation, *Watch maker*

10. Father's Birthplace, *Russia*

1. Name of Medical Attendant, or other person who makes this Return, *E Scherman*

Address, *N 103 Albemarle st*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Moses* 1st *7926*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov. 29th 1888*

4. Place of Birth, (Street and Number) *116 Market Space*

5. Full Name of Mother, *Rosa Shapiro*

6. Mother's Maiden Name, *Rabinowitz*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Simon Shapiro*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *E. Scherman*

Address, *103 Aldemarle St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Beltie 7/21

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov. 29th 1888

4. Place of Birth, (Street and Number) 9 S. Green St

5. Full Name of Mother, Jennie Grimbler

6. Mother's Maiden Name, Galicia, Austria Kellner

7. Mother's Birthplace, Galicia Austria

8. Full Name of Father, Lewis Grimbler

9. Father's Occupation, Clothier

10. Father's Birthplace, Galicia Austria

Name of Medical Attendant, or other person who makes this return, E. Scherman

Address, 103. Albemarle St.

Remarks, _____

fect to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A-7922
 Sex, (state whether male or female) Female
 2. Race or color, (if not of the white race) Colored.
 3. Date of Birth, Nov 30
 4. Place of Birth, (Street and Number) Baltimore city Dorsey Lane 15
 5. Full Name of Mother, James Ella. Guy
 6. Mother's Maiden Name, Carroll
 7. Mother's Birthplace, Howard county Md.
 8. Full Name of Father, Samuel Guy. Laborer
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Prince Georges county Md.
 Name of Medical Attendant, or other person who makes this Return. Madame Vicks
 Address, Carroll Baltimore city Md
 Remarks,

If person of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 7923*
 1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *wht*
 3. Date of Birth, *Nov. 7 1888*
 4. Place of Birth, (Street and Number) *109 N. Howard St*
 5. Full Name of Mother, *Laura Virginia Howard*
 6. Mother's Maiden Name, *blonde*
 7. Mother's Birthplace, *md*
 8. Full Name of Father, *J Whitney Howard*
 9. Father's Occupation, *Gen Apt Repair Car Co.*
 Father's Birthplace, *md*
 Name of Medical Attendant, or other person who makes this Return, *G Lane Daneyhill*
 Address, *922 Madras ave*
 Remarks, *Chlorform and ins. currents.*
He is a hustler, and we've named him

Ben. Howard

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th Leva 7/24

Sex. (state whether male or female) Female

Race or color, (if not of the white race) white

Date of Birth, Nov. 8 - 1888

Place of Birth, (Street and Number) 21 North Central Ave

Full Name of Mother, Bessie Endler

Mother's Maiden Name, Sacks

Mother's Birthplace, Russia

Full Name of Father, Isaac Endler

Father's Occupation, Peddler

Father's Birthplace, Russia

Name of Medical Attendant, E Scherman
or other person who makes this Return.

Address, Albemarle St W 103

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

A. 7920

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Nov. 7th - 1888 -

4. Place of Birth, (Street and Number) Crown Point & Kennedy's Lane

5. Full Name of Mother, Elizabeth B. Rest.

6. Mother's Maiden Name, " " Sutman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph H. Rest.

9. Father's Occupation, Florist.

10. Father's Birthplace, Bremen Germany.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

A. B. Hearn M.D.
713 York Road.

3-20-52 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Martha Amelia Neswell

A. 7926

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, November 20th 1888

4. Place of Birth, (Street and Number) 12 Friary St.

5. Full Name of Mother, Martha A. Horwell

6. Mother's Maiden Name, " Taylor

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, John R. Horwell

9. Father's Occupation, Groceries, Provision.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

A. G. Roew M.D.

Address, 713 Elk Road -

Remarks,

Missing [#]A 7927-[#]A 7945,
incl.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 7947

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth December 1st 1888

4. Place of Birth, (Street and Number) 867 Vin St

5. Full Name of Mother Alice Taylor

6. Mother's Maiden Name Alice Taylor

7. Mother's Birthplace Baltimore City

8. Full Name of Father Arch Genneman

9. Father's Occupation Ice Dealer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Peters M.D.

Address 724 N. Carey St

Remarks The child is illegitimate.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 7948
1. Sex, (State whether male or female) male
 2. Race or color, (if not of the white race) white
 3. Date of Birth, Dec. 1st 1888
 4. Place of Birth, (Street and Number) Watson St. near Lloyd St.
 5. Full Name of Mother, Mollie Welder
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, Europe
 8. Full Name of Father, Samuel Welder
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein
- Address, 122 S. Euter St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 7949

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Jewish

3. Date of Birth, 1 December

4. Place of Birth, (Street and Number) 1206 St. James St

5. Full Name of Mother, Hannah Frankel

6. Mother's Maiden Name, " Albert

7. Mother's Birthplace, Europe

8. Full Name of Father, Isidor Frankel

9. Father's Occupation, cigar maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Miss Rose M. G.
1302 Holl and

Address,

Remarks,

any such person or persons who shall heretofore or hereafter be convicted of any offense under the provisions of this act shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child* *7950*
 1. Sex, (State whether male or female) *Boy*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *1st of December 1888.*
 4. Place of Birth, (Street and Number) *115 North Wolf street.*
 5. Full Name of Mother, *Maggie Daunce*
 6. Mother's Maiden Name, *Maggie Baumer*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John H. Baumer*
 9. Father's Occupation, *Staple*
 10. Father's Birthplace, *Somerset County Md.*
 Name of Medical Attendant, or other person who makes this Return, *Crescentia Kunkel*
 Address, *213 North Chapel St. per Justina Kunkel*
 Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d. A. 7951
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 1 - 1888
4. Place of Birth, (Street and Number) 2037 Jefferson st
5. Full Name of Mother, Delia Mc Elland
6. Mother's Maiden Name, Delia Mc Kenny
7. Mother's Birthplace, Nor. Fair Haven Anne Arundel Co. Md
8. Full Name of Father, Isaac Alexander Mc Elland
9. Father's Occupation, Police
10. Father's Birthplace, Balto. Md
- Name of Medical Attendant, or other Person who makes this Return. W. G. Lammert
- Address, _____
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A. 7952

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

1 December

4. Place of Birth, (Street and Number)

324 South Bond

5. Full Name of Mother,

Maggie Koulp

6. Mother's Maiden Name,

Maggie Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Dan Koulp

9. Father's Occupation,

Saber

Father's Birthplace,

Bary

Name of Medical Attendant, or other Person who makes this Return.

W. Schumann

Address,

327

South Bond

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child A. 7903*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec. 1/88*
4. Place of Birth, (Street and Number) *281 S. Bond St.*
5. Full Name of Mother, *Marg. A. Meads*
6. Mother's Maiden Name, *" " Severn*
7. Mother's Birthplace, *Bald.*
8. Full Name of Father, *Geo. Meads*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Bald.*
Name of Medical Attendant, or other Person who makes this Return. *Rev. Mansfield M. D*
Address, *129 S Broadway*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

A-7954

1. Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 1st 1888
216 N. Lexington St.

4. Place of Birth, (Street and Number)

Balto. Md.

5. Full Name of Mother,

Kate Schellenberger

6. Mother's Maiden Name,

Harper

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Henry Schellenberger

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who
fills out this Return.

Caroline Miller

Address,

1605 Walker St Balto. Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 7953

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return.
- Address,
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child
Female

2. Sex, (State whether male or female).

3. Race or color, (if not of the white race).

4. Date of Birth,

December 1, 1888

5. Place of Birth, (Street and Number)

758 W. German

6. Full Name of Mother,

Elizabeth May Rogers

7. Mother's Maiden Name,

Elizabeth May Hunter

8. Mother's Birthplace,

Baltimore Md

9. Full Name of Father,

William C. Rogers

10. Father's Occupation,

Insurance salesman

11. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 N. Poppleton St

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 7457

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 1 1898

4. Place of Birth, (Street and Number) 1103 N Mount

5. Full Name of Mother, Katie E Smith

6. Mother's Maiden Name, Meiser

7. Mother's Birthplace, City

8. Full Name of Father, William M Smith

9. Father's Occupation, Butcher

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return

Ira L Yetchoff M.D.

Address, 1320 N Euter St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) on *A 7958*
Sex, (state whether male or female) *female*
Race or Color, (if not of the white race) *White*
Date of Birth, *Dec 1*
Place of Birth, (Street and Number) *727 N. Gay St*
Full Name of Mother, *Susan McManus*
Mother's Maiden Name, *Susan Morgan*
Mother's Birthplace, *Baltimore*
Full Name of Father, *Henry Morgan*
Father's Occupation, *Base Ball Player*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Elizabeth Doyle*
Address, *Baltimore*
Remarks, *Ed. J. McManus*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child, *William Ludwig*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

A. 7960

1. Sex, (State whether male or female)

white

2. Race or color, (if not of the white race)

white

3. Date of Birth,

1 December 1888

4. Place of Birth, (Street and Number)

Biddle St. 10 1735

5. Full Name of Mother,

Mathilde Luwig, Mathilda

6. Mother's Maiden Name,

Mathilda (Primer) Brunier

7. Mother's Birthplace,

Hain Germany

8. Full Name of Father,

Julius Ludwig

9. Father's Occupation,

Fabersanger

Father's Birthplace,

Hain Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Maria Anna Meyer Biddle St. 1735.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child A 7961

1. Sex, (State whether male or female)

white William Hanger

2. Race or color, (if not of the white race)

white

3. Date of Birth,

2 December 1888

4. Place of Birth, (Street and Number)

P.O. Hanger St 1105

5. Full Name of Mother,

Maggie Hanger

6. Mothers Maiden Name,

W. Hanger

7. Mothers Birthplace,

Baltimore, Md.

8. Full Name of Father,

William Hanger

9. Fathers Occupation,

Freightmaster

10. Fathers Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Marion Emma Hanger

Address,

1105 P.O. St 1937.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

Bertha Marie Harris **BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second child **A 7962**

1. Sex (state whether ~~Male~~ or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 2nd 1888.

4. Place of Birth (Street and Number)

#1914 Wilkins Ave.

5. Full Name of Mother

Julia Harris

6. Mother's Maiden Name

Haskell

7. Mother's Birthplace

Baltimore, Maryland

8. Full Name of Father

Rev. George C. Harris

9. Father's Occupation

Minister of the Gospel

Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Ridgely Hammond M.D.

Address

No 502 of N. Carey Street.

Remarks

Name added 7/24/36 by undersigned **Card**

Bertha M. Harris Haskell

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A. 7963

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Dec 2nd 1888*

4. Place of Birth, (Street and Number) *912 W. Calvert St*

5. Full Name of Mother, *Ladie Lee Brown*

6. Mother's Maiden Name, *McBarnes*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Horace B. Brown*

9. Father's Occupation, *Clerk*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, *711 W. Calvert St*

Remarks,

any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 7964

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 2/88
934 Reddy St

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Mary A Brian
w - Mauley

6. Mother's Maiden Name,

7. Mother's Birthplace,

at
Carville D Brian
Chen

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

City
No D Blake Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this act shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

OTHER NAME ADDED, 4-11-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Harding Wyett
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. 7965*

1. ☒ (state whether male or female), *Female*

2. Race or Color (if not of the white race),

3. Date of Birth, *Dec 2/88*

4. Place of Birth (Street and Number), *715 W. Lombard, Md.*

5. Full Name of Mother, *Mary E. Wyett*

6. Mother's Maiden Name, *Danvers*

7. Mother's Birthplace, *Va*

8. Full Name of Father, *Jas. E. Wyett*

9. Father's Occupation, *Painter*

10. ☒ Father's Birthplace, *Va*

Name of Medical Attendant, or other person who makes this Return. *Wm. D. Placeman*

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 7966

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 2 1888

4. Place of Birth (Street and Number),

702 N. Patterson St

5. Full Name of Mother,

Mary E Ziegler

6. Mother's Maiden Name,

Wilkins

7. Mother's Birthplace,

Cal

8. Full Name of Father,

Edward E Ziegler

9. Father's Occupation,

Care Merchant

● Father's Birthplace,

Penn

Name of Medical Attendant, or other person who makes this Return.

Geo D Blackman

Address,

Remarks,

who shall hereafter fall in charge of the registration of this section shall be held responsible for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A 7967

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of December

4. Place of Birth, (Street and Number) Baltimore Charles St. No 1627

5. Full Name of Mother, Emily Haver

6. Mother's Maiden Name Emily Peters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank W. Haver

9. Father's Occupation, Engineer on

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Donaldson

Address, 214 E. Winder St Baltimore

Remarks, Mother and child are doing well

of persons who shall hereafter fail to comply with the provisions of this act, when, what he subjected to the fine of ten dollars for each occasion to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* *A. 7968*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *2nd 1898*

4. Place of Birth, (Street and Number) *428 Eaden st Balto City*

5. Full Name of Mother, *Annie Elizabeth Commons*

6. Mother's Maiden Name, *Barnes*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George H. Commons*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. F. H. Smith*

Address, *1516 McElder McElderry*

Remarks, _____

or persons who shall hereafter and becoming liable for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child A 7969

Sex, (State whether male or female)

male William Geermann

2. Race or color, (if not of the white race)

white

3. Date of Birth,

2 December 1888

4. Place of Birth, (Street and Number)

St. Dunstan St 1105

5. Full Name of Mother,

Emma B. Geermann

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Geermann

9. Father's Occupation,

Laber

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Marie Meyer

Address,

St. Dunstan St 1105

Remarks,

any such period as persons who shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A 7970*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *December 2nd 1898*
4. Place of Birth, (Street and Number) *837 Stackhalin Street*
5. Full Name of Mother, *Mary Catherine Marshall*
6. Mother's Maiden Name, *Mary Catherine Matthews*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *Joshua Marshall*
9. Father's Occupation, *Labare*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Laurenzia Mills*
or other Person who makes this Return.
- Address, *817 Stackhalin Street*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 7971*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 2nd 1880

4. Place of Birth (Street and Number),

131¹/₂ Orleans Street

5. Full Name of Mother,

Thetis Mary Dyas.

6. Mother's Maiden Name,

Thetis Mary Coe's a.

7. Mother's Birthplace,

Chambersburg Pa.

8. Full Name of Father,

John Dyas.

9. Father's Occupation,

Letter Carrier.

10. Father's Birthplace,

Dublin Ireland

11. Name of Medical Attendant, or other person who makes this Return.

Asper W. L. Head M.D.

Address,

6. South E. 1st Street

Remarks,

Who was present at the birth, and who was present at the death, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 7973

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 551 President st. Dec. 2nd 1888

4. Place of Birth, (Street and Number) 551 President st.

5. Full Name of Mother, Kate Terramozia

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, Giuseppe Terramozia

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Estella Ringrose

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

A

7974

1. Sex, (State whether male or female)

1 female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 2 - 1888

4. Place of Birth. (Street and Number)

Battery avenue # 1265

5. Full Name of Mother,

Isabella Francis Ringrose

6. Mother's Maiden Name,

" " Pollin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John A. Ringrose,

Father's Occupation,

General Horseman B & O R.R.

10. Father's Birthplace,

Dorchester County, M. D.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Gentry

Address,

GIVEN NAME ADDED *1-26-54*

Remarks,

1.M.

Any person, person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A²

7975

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

3rd November

4. Place of Birth (Street and Number),

Chelan Ave H 4

5. Full Name of Mother,

Elmyer Brown

6. Mother's Maiden Name,

Elmyer Rayfolk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Brown

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Wesley Lane Evans

Address,

1600 N. Chester

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF ^{Over} A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | | |
|---|-------------------------------------|------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 ^d | 7978 |
| 1. Sex (state whether male or female), | Male | |
| 2. Race or Color (if not of the white race), | | |
| 3. Date of Birth, | Dec 3 | |
| 4. Place of Birth (Street and Number), | 1510 A Holmes | |
| 5. Full Name of Mother, | Ida Hoffman | |
| 6. Mother's Maiden Name, | Speake | |
| 7. Mother's Birthplace, | Virginia | |
| 8. Full Name of Father, | O'Donovan Hoffman | |
| 9. Father's Occupation, | Clerk | |
| 10. Father's Birthplace, | Balt. | |
| Name of Medical Attendant, or other person who makes this Return. | H McMillen | |
| Address, | 1008 Mad. Ave | |
| Remarks, | Full name of child - Donald Hoffman | |

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

10th
Male

A 7977

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 3

4. Place of Birth (Street and Number),

269 George St.

5. Full Name of Mother,

Jane White
Ritter

6. Mother's Maiden Name,

Balr.

7. Mother's Birthplace,

8. Full Name of Father,

Oren M. White
Blacksmith

9. Father's Occupation,

10. Father's Birthplace,

Balr.

Name of Medical Attendant, or other person who makes this Return.

H. M. Wilson

Address,

1008 Mad. Ave.

Remarks,

for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A. 7978

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 3rd 1888.

4. Place of Birth, (Street and Number)

1 Baltimore & Decatur

5. Full Name of Mother,

Caroline Eslingar

6. Mother's Maiden Name,

Shieler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Eslingar

9. Father's Occupation,

Apothecary

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. E. E. Ewing

Address,

Remarks,

This form is for use by the Registrar of Vital Statistics, and is to be filled out by the Registrar, or by the Medical Attendant, or by the Person who makes this Return. It is to be filled out for each child born, and for each still-born child, and for each death. It is to be filled out for each child born, and for each still-born child, and for each death. It is to be filled out for each child born, and for each still-born child, and for each death.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight* *A 7979*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race)
3. Date of Birth, *December 3rd 1888*
4. Place of Birth, (Street and Number) *628 Hamburg street - Balt.*
5. Full Name of Mother, *Catherine Sheridan*
6. Mother's Maiden Name, *Catherine Hubbard.*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John Sheridan*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *New York city*
- Name of Medical Attendant, or other person who makes this return. *Mary Chaffer*
- Address, *803 Woodward Street.*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

for each offence, to be recovered no other fines and forfeitures are recoverable.

Florence Bell ————— Schenkels A. 7980
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fzmae 1180

Dec 3/88

1122 Conzote McCroft

Amie Schucke

Shaw

Cyz

Milton Schinkel

Police

Geo. D. Blake

Wm. H. Blaine

NAME ADDED / C-54

GIVEN NAME ADDED 1-6-54

L.M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 7981
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Caucasian
3. Date of Birth, Dec 3/00
4. Place of Birth, (Street and Number) 804 Parkersburg
5. Full Name of Mother, Mary Bonney
6. Mother's Maiden Name, Mary Bonney
7. Mother's Birthplace, Ind
8. Full Name of Father, Levi Furgerson
9. Father's Occupation, Lab
10. Father's Birthplace, Ind
- Name of Medical Attendant, or other person who makes this Return, Dr. Woodman
- Address,
- Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child *A. 7/9/88*

1. Sex, (State whether male or female) *Boy.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *3rd of December 1888*

4. Place of Birth, (Street and Number) *218 South Wolf street*

5. Full Name of Mother, *Lizzie Penny*

6. Mother's Maiden Name, *Lizzie Baukhauz*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Bernhard Baukhauz*

9. Father's Occupation, *Shiefeldore*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, *or other person who makes this Return.* *Crescencia Kunkel*

Address, *213 North Chapel st. per Justina Kunkel.*

Remarks, *Healthy.*

jected in the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A. 7983

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 3, 1888

4. Place of Birth, (Street and Number)

2621 Nulton St.

5. Full Name of Mother,

Mary Gallo

6. Mother's Maiden Name,

Mary Pocock

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Thomas Gallop

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary D. Swaine

Address,

Remarks,

For each child born, ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alfred Benjamin Hodges

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

A. 7984

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 3, 1888

4. Place of Birth, (Street and Number)

520 Luzerne St.

5. Full Name of Mother,

Rose Hodges

6. Mother's Maiden Name,

Rose Foster

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Alexander Hodges

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this return

Mary G. Inayna

Address,

526 Luzerne St.

Remarks,

OTHER NAME ASSES. 4-27-53

h.m

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child* *A. 7986*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec. 3rd 1888*
4. Place of Birth (Street and Number) *1406 Lewis St. Baltimore*
5. Full Name of Mother... *Hannah Griffin*
6. Mother's Maiden Name... *Hannah Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father... *William Griffin*
9. Father's Occupation *Teamster*
10. Father's Birthplace *Baltimore County*
Name of Medical Attendant, or other Person who makes this Return. *Arthur H. Secor*
Address *1403 Lewis St*
Remarks *Healthy Child*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

A. 7986

Sex, (state whether male or female)

Male

Race or color, (if not of the white race)

White

Date of Birth,

Dec 3rd

Place of Birth, (Street and Number)

524 Columbia Ave

Full Name of Mother,

Annie Frank

Mother's Maiden Name,

Annie Carter

Mother's Birthplace,

Baltimore

Full Name of Father,

Aaron Frank

Father's Occupation,

Machinist

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return

Address,

Seeigouba Shifer
641 Co. B Ave

Remarks,

Penalty for non-compliance with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6122 NAME ADDED 2-12-59
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Schwenk 3rd A. 7967
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Dec 30 1888*
4. Place of Birth, (Street and Number) *405 W North St*
5. Full Name of Mother, *Kate Schwenk*
6. Mother's Maiden Name, *Kate Zenz*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John F Schwenk*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Hellyonda Oliver*
Address, *641 Eo Paca St*
Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7988

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 32, 1888*

4. Place of Birth, (Street and Number) *120 Callender St*

5. Full Name of Mother *Mary Mc Enany*

6. Mother's Maiden Name *Boylan*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Mc Enany*

9. Father's Occupation *Mechanic*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. H. Mc Enany*

Address *1401 Girard Ave*

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks.

3rd A 7989
 Fee paid
 White
 Dec 3rd
 Balto City
 1647
 Minnie Stewart
 Minnie Stewart
 Richmond, Va
 John Stewart
 Mechanic
 Washington Dc
 No 5th Bask
 1608
 Re attch

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child A. 7990

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3 — 1888.

4. Place of Birth, (Street and Number)

1258 Johnson st.

5. Full Name of Mother,

Mary Wilms.

6. Mother's Maiden Name,

Thiemann.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Emil Wilms.

9. Father's Occupation,

Restaurant.

Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser Midwife.

Address,

7032 Hanover st.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child 799
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3 — 1888.

4. Place of Birth, (Street and Number)

1429 Leadenhall st.

5. Full Name of Mother,

Louise Cetter.

6. Mother's Maiden Name,

Botz.

7. Mother's Birthplace,

America

8. Full Name of Father,

Christian Cetter.

9. Father's Occupation,

Laborer

Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser Midwife.

Address,

1032 Hanover st.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 1799
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3 1888.

4. Place of Birth, (Street and Number)

1702 Patapsico st.

5. Full Name of Mother,

Johanna Gottschalk
Schweitzer.

6. Mother's Maiden Name,

Germany.

7. Mother's Birthplace,

George Gottschalk.

8. Full Name of Father,

Lubover.

9. Father's Occupation,

America.

Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

J. Schwasser Midwife.
1032 Agnew st.

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 7945
1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), colored
3. Date of Birth, Dec 3 1898
4. Place of Birth (Street and Number), 106 E mulberry st
5. Full Name of Mother, Sarah E Hickman
6. Mother's Maiden Name, Sarah E. Mallon
7. Mother's Birthplace, Prince Georges County
8. Full Name of Father, John Hickman
9. Father's Occupation, labor
10. Father's Birthplace, Charles County
- Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones
- Address, 101 E mulberry st
- Remarks, _____

for each offence, to be recovered as other fines and forfeitures are recoverable.

Missing [#]A 7994 + [#]A 7995

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 7946*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 4, 1888.*

4. Place of Birth, (Street and Number) *No. 1528 Liverpool St.*

5. Full Name of Mother, *Winnie Martin*

6. Mother's Maiden Name, *Winnie Connolly.*

7. Mother's Birthplace, *Maryland.*

8. Full Name of Father, *George Martin, Jr.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, *or other person who makes this Return.* *Arthur E. Connolly, M.D.*

Address, *1241 Surfside Ave*

Remarks,

jected to the fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A. 7117

Sex (~~state whether male or female~~),

2. Race or Color (~~if not of the white race~~),

3. Date of Birth,

Dec 11/88.

4. Place of Birth (Street and Number),

429 W. Saratoga St.

5. Full Name of Mother,

Mollie Horwood

6. Mother's Maiden Name,

Mollie Mansfield.

7. Mother's Birthplace,

Mifflin, Pa.

8. Full Name of Father,

Norman Horwood

9. Father's Occupation,

Manufacturer of Buttons.

10. Father's Birthplace,

York, Pa.

Name of Medical Attendant. or other person who makes this Return.

Address,

John J. P. Meyer M.D.
62 W. Lexington St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

31

A

7978

Sex, (state whether male or female)

3. Name

2. Race or Color, (if not of the white race)

Dr. R. L. R.

3. *Date of Birth,*

4-2-1888

4. *Place of Birth, (Street and Number)*

743 Franklin St

5. Full Name of Mother.

Katharina Toland

6. *Mother's Maiden Name.*

Katharine (Crist)

7. *Mother's Birthplace,*

B. Texense

8. Full Name of Father,

Dr. L. Tele. Room

9. *Father's Occupation,*

Reed

10 *Father's Birthplace,*

Bactera

Name of Medical Attendant, or other Person who makes this Return.

W. H. Westman M.D.

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth.

Place of Birth, (Street and Number)

Full Name of Mother.

Mother's Maiden Name.

Mother's Birthplace.

Full Name of Father.

Father's Occupation.

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

52
7799
Dec 4th / 888 - 715 A.M.
1410 Welding St.
Lemira Kratz
" Hambnerbaker
Balti
Frederick Kratz
Teamster
Balti
Alexander W. W.
1102 S. Balti St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 5000

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

Dec 24th

4. Place of Birth, (Street and Number)

Mc Elderry 2207

5. Full Name of Mother,

Carline Hooper

6. Mother's Maiden Name,

7. Mother's Birthplace,

Eastern Shore Dorchester

8. Full Name of Father,

John H. Jackson

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Sumerset Co.

Name of Medical Attendant, or other Person who makes this Return.

Address,

J. H. Smith Mc Elderry St. 15-16

Remarks,

report its birth to the Commissioner of Health, in his manner and form, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 2nd **A** 1001

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 4th 1888

4. Place of Birth, (Street and Number)

No 302 Pine Street

5. Full Name of Mother,

Lizzie Craft

6. Mother's Maiden Name,

Lizzie Bower

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George H Craft

9. Father's Occupation,

Reporter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs A Meunzschel

Address,

1507 Pennsylvania Ave

Remarks,

attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

the Commissioner of Health. In the manner and within the time period above required, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 8002
1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 4th December.
4. Place of Birth (Street and Number), Bark st. 616
5. Full Name of Mother, Magdeline Bauer
6. Mother's Maiden Name, Magdeline Pfeiffer
7. Mother's Birthplace, Germany
8. Full Name of Father, August Brähler
9. Father's Occupation, Fireman and Tinner
10. Father's Birthplace, Germany
- Name of Medical Attendant, Magdeline Bauer or other person who makes this Return.
- Address, 1600 N. Chestnut.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Such person of persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9d

A 5003

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 4, 1888

4. Place of Birth, (Street and Number)

Hull St

5. Full Name of Mother,

Margie Clark

6. Mother's Maiden Name,

Margie Miller

7. Mother's Birthplace,

Penelope na

8. Full Name of Father,

Patrick Clark

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Mrs. Ettel

Address,

1619 Euba St

Remarks,

Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 8004*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Dec. 4th*
4. Place of Birth, (Street and Number) *1311 Myton st*
5. Full Name of Mother, *B Rosa Russell*
6. Mother's Maiden Name, *Seals*
7. Mother's Birthplace, *Alexandria Va*
8. Full Name of Father, *John Russell*
9. Father's Occupation, *waiter*
- Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Anni Johnson*
- Address, *710 Tyson st*
- Remarks,

any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 8000-
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Dec. 4th
4. Place of Birth, (Street and Number) 1704 Norton Alley
5. Full Name of Mother, Hester Ford
6. Mother's Maiden Name, Tins
7. Mother's Birthplace, Alexandria Va.
8. Full Name of Father, Richard Ford.
9. Father's Occupation, Cook
10. Father's Birthplace, North Carolina
- Name of Medical Attendant, or other person who makes this Return, Annie Johnson
- Address, 713 Tyson St
- Remarks, _____

For every birth not reported as required by law, the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... One child A 6008

Sex, (state whether male or female) ... *Male*

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)...*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10 Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

NO. CITY PHONE / NO. STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 5007

Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 4, 1888

4. Place of Birth (Street and Number),

121 E. Hill Street

5. Full Name of Mother,

Mary O'Rourke

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Timothy Morrison

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other person who makes this Return.

Mrs Ann Taylor

Address,

41 Guilford alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child A 5008*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *colored*

3. Date of Birth, *december 4*

4. Place of Birth (Street and Number), *city witnen a by 134*

5. Full Name of Mother, *isabeha scull*

6. Mother's Maiden Name, *isabeha johnson*

7. Mother's Birthplace, *howard ~~colored~~ scull*

8. Full Name of Father, *edward scull*

9. Father's Occupation, *labor*

10. Father's Birthplace, *frederick co. new market*

Name of Medical Attendant, or other person who makes this Return. *frederick warren*

Address, *more st*

Remarks,

for each offence, to be recovered as other fines and penalties

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four* *A. 8009*
1. Sex (state whether Male ~~or~~ Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 5th 188*
4. Place of Birth (Street and Number) *210 W. Saratoga St,*
5. Full Name of Mother *Anna M. Starkey*
6. Mother's Maiden Name *" " Thompson*
7. Mother's Birthplace *Balto md*
8. Full Name of Father *Charles M. Starkey*
9. Father's Occupation *clerk*
10. Father's Birthplace *Balto md*
- Name of Medical Attendant, or other Person who makes this Return. *J. Dingling M.D.*
- Address *619 W. Franklin St, Balto, md*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A. 8010

1. Sex (state whether male or female), *Boy*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *December 5-88*

4. Place of Birth (Street and Number), *Garrett St 1348*

5. Full Name of Mother, *Rosa Gilbert*

6. Mother's Maiden Name, *Kurzendorfer*

7. Mother's Birthplace, *Egolsheim - Baiern*

8. Full Name of Father, *Ludwig Gilbert*

9. Father's Occupation, *Stevenson*

10. Father's Birthplace, *Pfungstadt - Nassau Darmstadt*

Name of Medical Attendant, or other person who makes this Return.

Johanne Yonske

Address,

Garrett St 1348

Remarks,

Goenst Point

who shall be required to be recovered as other fines and for each offense, to be recovered as other fines and

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth* *A. 8012*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *December 3rd 1888*
4. Place of Birth (Street and Number), *No 213 Pearl St.*
5. Full Name of Mother, *Mary Bell*
6. Mother's Maiden Name, *Trimble*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Wilson Bell*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return. *Amelia Johnson*
- Address, *No 1824 Park Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 8073*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) _____

3. Date of Birth, *Dec 5. 1898*

4. Place of Birth, (Street and Number) *1238 E. Balt. St.*

5. Full Name of Mother, *Mrs. Sarah Hanna Kellam Mellow*

6. Mother's Maiden Name, *Miss Sarah Hanna Kellam*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Chas. Beauregard Mellow*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *L. G. Rank No. 5*

Address, *1238 E. Balt. St.*

Remarks, *Natural delivery*

any such person or persons who shall intentionally fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th A 5014

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 5 1895

4. Place of Birth (Street and Number),

1610 Wm St
Jean Harris

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Canada
John J Harris
Commercial Bank
Balt.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

J M Wilson

11. Name of Medical Attendant, or other person who makes this Return.

Address,

1008 Madison Ave

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Children A 8015

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

5th December

4. Place of Birth, (Street and Number)

Bethell street 410

5. Full Name of Mother,

Sophia Travers

6. Mother's Maiden Name,

Sophia Cooper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Garnes Travers

9. Father's Occupation,

Employed in Furniture Store

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Nels Knabe

Address,

127 E. Pratt

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child ~~A~~ 8016

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 5 — 1888.

4. Place of Birth, (Street and Number)

1 Randall st.

5. Full Name of Mother,

Murtha Schwanebeck.

6. Mother's Maiden Name,

Kinzler.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Fred Schwanebeck.

9. Father's Occupation,

Liquor Dealer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Lehtisse

Address,

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any person or persons who shall hereafter fail in compliance with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Edward Pridham*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd *A 8017*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 5 88

4. Place of Birth, (Street and Number)

2121 Keyser

5. Full Name of Mother,

Louisa Pridham

6. Mother's Maiden Name,

Louisa Theiss

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Pridham

9. Father's Occupation,

Ironer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

J. B. Schwatka M.D.

Address,

1003 N. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 8-23-53
 Name: John Perry Grove
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A. 8018
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 5th, 1888
 4. Place of Birth, (Street and Number) Wilt-st 1333
 5. Full Name of Mother, Sallie Grove
 6. Mother's Maiden Name, Sallie Allen
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Perry Grove
 9. Father's Occupation, Brakeman, B. & O. R.
 10. Father's Birthplace, Cumberland, Md.
 Name of Medical Attendant, or other Person who makes this Return, Mrs Sallie Wooden
 Address, 936. Greenmount Ave.
 Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A. 8019
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Fifth of December
4. Place of Birth, (Street and Number) 4632 Mulikin St.
5. Full Name of Mother Salie Dickson
6. Mother's Maiden Name Salie Nelson
7. Mother's Birthplace Richmond, Virginia
8. Full Name of Father Alexander Dickson
9. Father's Occupation Oyster Shipper
10. Father's Birthplace Eastern Shore Md.
- ☒ Name of Medical Attendant, or other Person who makes this Return. Ann Gamphor.
- Address No. 1401 Union Alley.
- Remarks Mother and child doing well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Abraham Kramer*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

Abraham *8030*

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Dec. 5th 1885

4. Place of Birth, (Street and Number)

213 W. High St.

5. Full Name of Mother,

Mollie (Kramer) Kramer

6. Mother's Maiden Name,

" Bilzod

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Jacob (Kramer) Kramer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other person who makes this Return.

E. Scherman

Address,

N 103 E. Baltimore St

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

25 A 8021

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 6th 1888

4. Place of Birth. (Street and Number)

1123 E. 11th

5. Full Name of Mother,

Anna Goodman

6. Mother's Maiden Name,

Anna Ligerswitz

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Isaac Goodman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this return.

Frank C. Meyer, M.D.

Address,

440 E. 11th St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *7th Carrie A 8122*
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Dec. 6th 1888*
4. Place of Birth, (Street and Number) *221 N. Eyster St*
5. Full Name of Mother, *Pauline Garner*
6. Mother's Maiden Name, *Nathan*
7. Mother's Birthplace, *New York, N.Y.*
8. Full Name of Father, *Abram Garner*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *E. S. Sherman*
- Address, *N 103 St. Remond St.*
- Remarks,

RETURN OF A BIRTH.

GIVEN NAME ADDED 9-30-60

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Jerome William Kahn* A-8023
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 6 1888*
4. Place of Birth (Street and Number) *7 Pearl St Balt Md*
5. Full Name of Mother *Clara Kahn*
6. Mother's Maiden Name *Clara Schoenhauer*
7. Mother's Birthplace *Balto City Md*
8. Full Name of Father *Wm. Kahn*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Balto City*
Name of Medical Attendant, or other Person who makes this Return. *J. E. Clayton Md*
Address *108 S. Eutan St*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 8024

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

6 December 1888

4. Place of Birth, (Street and Number)

913 E. Baltimore Street

5. Full Name of Mother,

Louise Friedrich

6. Mother's Maiden Name,

Louise Labandt

7. Mother's Birthplace,

Lauderbach, Meppen Samtg.,

8. Full Name of Father,

Ernst Friedrich

9. Father's Occupation,

Florist

10. Father's Birthplace,

Heilbrunn, Württemberg

Name of Medical Attendant, or other Person who makes this Return.

A. J. Weinhard

Address,

720 N. Howard Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

A. 8025
J. S. 2nd

Male

White

Dec 6 of Dec 1888

Baltimore, Md.

James Turner

Minnie Gerken

Cal. Conn.

Robert Turner

Telegraph Operator

Cal. Conn.

James C. Turner

105 4th St. Baltimore

Dec 6 of

1888

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A. 8028

Sex, (state whether male or female) 5 Female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, December 6

4. Place of Birth, (Street and Number) Baltimore 209 Helmore Alley

5. Full Name of Mother, Katie Staten

6. Mother's Maiden Name, Katie Garrison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William E. Staten

9. Father's Occupation, Cook

10. Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other person who makes this Return, Willard Grass

Address, # 229 York Street

Remarks,

For every dollar paid for this return, the Registrar of Vital Statistics shall be entitled to receive from the person making the return, a fee of ten cents for each child, to be recovered as other fees and charges are recoverable.

GIVEN NAME ADDED 6-19-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Casper William Weissbecker* *A. 8027*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *December 6 1888*

4. Place of Birth, (Street and Number) *No 528 W. Patterson St*

5. Full Name of Mother, *Mary Weissbecker*

6. Mother's Maiden Name, *Kentner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michel Weissbecker*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Louise Schulte*

Address, *No 528 W. Washington St*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child **A** 28
 2. *Sex, (State whether male or female)* Little Girl
 3. *Race or color, (if not of the white race)* White race
 4. *Date of Birth,* Born 6th December 1888
 5. *Place of Birth, (Street and Number)* No 1911 Lemmon st
 6. *Full Name of Mother,* Mrs Hunt
 7. *Mother's Maiden Name,* Greulich
 8. *Mother's Birthplace,* Baltimore Md
 9. *Full Name of Father,* Mr Hunt
 10. *Father's Occupation,* Laborer
 11. *Father's Birthplace,* Penn Baltimore
 12. *Name of Medical Attendant, or other person who makes this Return.* Mrs Miller
 13. *Address,* 2127 West Pratt St
 14. *Remarks,*

Subject to the fine of ten (10) dollars for each offence, to be recovered as often as may be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child A. 8029

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 6th

4. Place of Birth, (Street and Number)

633 Glaw st

5. Full Name of Mother,

Mary Agostic

6. Mother's Maiden Name,

Maria Hall's

7. Mother's Birthplace,

Cambridge MD

8. Full Name of Father,

Joseph Agostic

9. Father's Occupation,

Sabros

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Gertrude M. Chase

Address,

614 Dover st

Remarks,

Penalty for neglect to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

LeRoy Shippert

Male

A. 8030

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Dec 6 1888

4. Place of Birth, (Street and Number)

419 Purcell St

5. Full Name of Mother,

Louise Shippert

6. Mother's Maiden Name,

Louise Johnson

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Stephen Shippert

9. Father's Occupation,

Cabman

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

A. D. Keller M. D.

Address,

337 W. Biddle St.

Remarks,

GIVER NAME ADDED.

10-28-53

h. m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mrs. (A. 8031)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 6, 1888*

4. Place of Birth, (Street and Number) *112 W. Avenue St.*

5. Full Name of Mother, *Fannie Spracke*

6. Mother's Maiden Name, *Fannie A. Bernier*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Edward C. Spracke*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *A. G. Watson*

Address, *1301 N. Central Ave.*

Remarks, _____

Duty of the parent or guardian of such child to report as required by law, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A. 8032
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) White
Date of Birth, December 6th 1888.
Place of Birth, (Street and Number) 1612 Division St.
Full Name of Mother, Clara W. Seltzer
Mother's Maiden Name, " Ritchie
Mother's Birthplace, Baltimore
Full Name of Father, George W. Seltzer
Father's Occupation, Policeman.
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return. Alfred Vanstace M.D.
Address, 818 N. Eutaw St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A 8053

1. Sex, (State whether male or female). Boy

2. Race or color, (if not of the white race) White

3. Date of Birth, 6th of December 1898

4. Place of Birth, (Street and Number) 1726 Orlean street

5. Full Name of Mother, Carolina Hatchen

6. Mother's Maiden Name, Carolina Ridched.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Ridched.

9. Father's Occupation, Hoster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Crescentia Hunkel

Address, 213 North Chapel st. per Justina Hunkel

Remarks, Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

one
Male
Color
December 6
807 Madison St
Martha Blanch Saylor
Martha Blanch Thomas
Baltimore Co
Charles Saylor
Oyster Shuck
Baltimore
Elizabeth Saylor
807 Madison St

A. 8034

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

Age 1 1/2 + A 8035

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 6 1888

4. Place of Birth, (Street and Number)

1125 Light St

5. Full Name of Mother,

Eora Elizabeth Butcher

6. Mother's Maiden Name,

Eora Elizabeth Mariatt

7. Mother's Birthplace,

Carpers Ferry

8. Full Name of Father,

Thomas Augustine Butcher

9. Father's Occupation,

Beer Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

New Linway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

A 803 6

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *colored*

3. Date of Birth, *Six of December*

4. Place of Birth, (Street and Number) *822 Stockholme street*

5. Full Name of Mother, *Kettie Houston*

6. Mother's Maiden Name, *Mattie Woolford*

7. Mother's Birthplace, *Baltimore MD*

8. Full Name of Father, *Joe Houston*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore MD*

Name of Medical Attendant, or other person who makes this return, *Dr. C. A. Hare*

Address, *822 Stockholme St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 child A. 8037
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of December
4. Place of Birth, (Street and Number) 2120 Pennsylvania avenue
5. Full Name of Mother, Florence Fisher
6. Mother's Maiden Name, Florence Bond
7. Mother's Birthplace, Baltimore
8. Name of Father, Charlie Fisher
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this return. Mrs. Donnelly
Address, 635 Little Walsh St
Remarks, None

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

2d A 8038

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

December 6th 1888

4. Place of Birth, (Street and Number)

212 Forester St.

5. Full Name of Mother,

Mary Fractions

6. Mother's Maiden Name,

Mary Anderson

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

William Fractions

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

her

Address,

Barby X Foubler

Remarks,

mark 308 Chestnut St.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother (state whether 1st, 2d, 3d, &c.) 25th A. 1839

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 7 Decem

4. Place of Birth, (Street and Number) 14 Barnett st

5. Full Name of Mother, Katie Finn

6. Mother's Maiden Name, Katie Yeners

7. Mother's Birthplace, Albany N.Y.

8. Full Name of Father, John B. Finn

● Father's Occupation, Tailor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Connolly

Address, No 21 Barnett

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A 8040

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

C -

3. Date of Birth,

Dec 7th 1888

4. Place of Birth, (Street and Number)

#402 Davis St

5. Full Name of Mother,

Henereth Shinn Smith

6. Mother's Maiden Name,

Henereth Shinn

7. Mother's Birthplace,

Charles County, Md

8. Full Name of Father,

Robert Smith

9. Father's Occupation,

Gardener

10. Father's Birthplace,

Harford County Md

Name of Medical Attendant,

or other person who makes this Return

Mrs Jane S. Pastor

Address,

#10 Hamilton St

Remarks,

City

Each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

A. 8041

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Dec 7th 1888

4. Place of Birth, (Street and Number)

917 McCulloch St

5. Full Name of Mother.

Emma Gettier Fossett

6. Mother's Maiden Name.

Emma Gettier

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Jas Elwood Fossett

9. Father's Occupation.

Great Furnishing Store

10. Father's Birthplace.

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Leah Winslow

Address.

924 McCulloch St

Remarks.

RETURN OF A BIRTH

Ans.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Louis Ervin Gernert*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child A. 8042
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 Henrietta st.

4. Place of Birth, (Street and Number)

Dec 7 1888.

5. Full Name of Mother,

Ella (Gerner) Gernert

6. Mother's Maiden Name,

Pieling.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Louis Louis Type printer.

9. Father's Occupation,

Louis (Louis) (Gerner) Gernert

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser. Midwife.

Address,

11032 Hanover st.

Remarks,

of which person or firm to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 8043
- Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Race
3. Date of Birth, Dec. 7 st
4. Place of Birth (Street and Number), No. 11 West Heath. St
5. Full Name of Mother, Mary Schleicher
6. Mother's Maiden Name, Mary Schanz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Christian ^{George} Schleicher
9. Father's Occupation, Shoemaker
- Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return. Ann Maria Oseller
- Address, 170 3 If anover St
- Remarks, Baltimore City Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 8044

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

col

3. Date of Birth,

8th Dec

4. Place of Birth, (Street and Number)

No 121 Geldner st

5. Full Name of Mother,

Louisa Green

6. Mother's Maiden Name,

"
St Michaels

7. Mother's Birthplace,

George Smith

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Caroline Moore

Address,

No. 58 West. West St

Remarks,

Jeeted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th* *A. 8046*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth. *Dec 8th / 88*
Place of Birth, (Street and Number) *#1831 Division St*
Full Name of Mother. *Mary Uzzell*
Mother's Maiden Name. *" Tyson*
Mother's Birthplace. *Switzburg M.d.*
Full Name of Father. *J. H. Uzzell*
Father's Occupation. *Cigar Maker*
Father's Birthplace. *Goldborough. N.C.*
Name of Medical Attendant, or other Person who makes this Return *John B. Huck.*
Address. *# 644 N. Townsend St.*
Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child **A** 8046

1. Sex, (State whether male or female)

Little Girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 8th of Dec 1888

4. Place of Birth, (Street and Number)

Born Baltimore

5. Full Name of Mother,

Mrs. Friedrich

6. Mother's Maiden Name,

Mrs. Vogelman

7. Mother's Birthplace,

Born Wertenberg Germany

8. Full Name of Father,

Mr. Gullleit Friedrich

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Born Wertenberg Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 West Pratt St

Remarks,

any person who will not return this card to the Office of Registrar of Vital Statistics, Baltimore City, will be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 8047

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 8, 1888.

4. Place of Birth, (Street and Number)

1216 E. Ewing

5. Full Name of Mother,

Emmer Roulston

6. Mother's Maiden Name,

Leipold

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Jas. H. Roulston

9. Father's Occupation,

Harness Maker

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return

J. H. Christian, M.D.

Address,

1821 Madison Ave.

Remarks,

PRINTED BY THE BUREAU OF THE CITY OF BALTIMORE, AND MAY BE OBTAINED OF THE CITY CLERK, AT THE CITY CLERK'S OFFICE, 101 N. CALVERT ST., BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 8048

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colo

3. Date of Birth, 8

4. Place of Birth, (Street and Number) Lowen St 1737

5. Full Name of Mother, Matthia mass

6. Mother's Maiden Name, Matthia Byler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James mass

9. Father's Occupation, Day laborer

10. Father's Birthplace, West Steng

Name of Medical Attendant, or other Person who makes this Return.

Address, 22 E Lomb St no 1516

Remarks,

RETURN OF A BIRTH.

Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Order, (state whether 1st, 2d, 3d, &c.) *first* *LA 804.0*
Male or Female) *Male*
Color of the white race) *Colored*
Date of Birth *Dec 8, 1898*
Street and Number) *Cleland St. 1143 1143*
Father *Georgianna Jolly*
Name *Georgianna Doresey*
Mother *Baltimore Ind*
Father *William Jolly*
Mother *Robert*
Place of Birth *Dorchester Co. Ind*
Attendant, or other Person who makes this return *Charity McBoudine*
808. Rockholme near Scott.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th A 6000

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 8th 1888
4. Place of Birth, (Street and Number) 509 President st.
5. Full Name of Mother, Grasanta Troppano
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Italy
8. Full Name of Father, John Troppano
9. Father's Occupation, Labour
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Euter st.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 8057*

1. Sex, (state whether male or female) *Female.*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Dec. 8, 1888*

4. Place of Birth, (Street and Number) *2408 Lancaster St.*

5. Full Name of Mother, *Margaret Liffel*

6. Mother's Maiden Name, *Margaret Sheddin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Liffel*

9. Father's Occupation, *Latimer*

10. Father's Birthplace, *Baltic.*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Smythe*

Address, *26 Luzerne St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 8002
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 8th 1888.
4. Place of Birth, (Street and Number) 207 N Mount St.
5. Full Name of Mother, Eliza Heasty.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, New York
8. Full Name of Father, Francis Heasty
9. Father's Occupation, Brush Maker
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other Person who makes this Return Addison C. Fox, M.D.
Address, 508 West Payette St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 5003

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, December 9th 1888

4. Place of Birth, (Street and Number) Baltimore No 1010 Arlington Ave

5. Full Name of Mother, Maria Sahay

6. Mother's Maiden Name, Maria Taskins

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michell Sahay

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this return. Catherine Mitchell

Address, No 112 Calhoun Street

Remarks, Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 80574

1. Sex, (state whether male or female)

girl

2. Race or color, (if not of the white race)

white

3. Date of Birth,

December 9th 1888

4. Place of Birth, (Street and Number)

Baltimore No 1022 west Pratt Street

5. Full Name of Mother,

Sarah E. Montou

6. Mother's Maiden Name,

Sarah E. Stary

7. Mother's Birthplace,

Baltimore Co

8. Full Name of Father,

Ralph Montou

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore Co

Name of Medical Attendant, or other person who makes this return.

Address,

Catharine Mitchell

Remarks,

No 112 Lellender Street

Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Pauline A 8065
2nd

Sex, (state whether male or female) Female

Race or color, (if not of the white race) white

Date of Birth, Dec. 9th / 18

Place of Birth, (Street and Number) 848 E. Pratt St.

Full Name of Mother, Ida Shapiao

Mother's Maiden Name, Bear

Mother's Birthplace, Russia

Full Name of Father, Louis Shapiro

Father's Occupation, Dealer

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Scherman

Address, N 103 E. Lombard St.

Remarks, _____

ected to the fine of ten (10) dollars for each offence, so be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 8056

1. Sex (state whether male or female), Girl
2. Race or Color (if not of the white race), white
3. Date of Birth, December 9-88
4. Place of Birth (Street and Number), Garrett St 1320
5. Full Name of Mother, Mary Beswick
6. Mother's Maiden Name, Mc Clare
7. Mother's Birthplace, St. Ellen - England
8. Full Name of Father, Peter Beswick
9. Father's Occupation, Grocer
10. Father's Birthplace, Liverpool - England

Name of Medical Attendant,

or other person who
makes this Return.

Address,

Remarks,

John J. Tonske

Garrett St 1365
Locust Point

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A 8007*

1. Sex, (State whether male or female)

Male
Offspring

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 9th 1858

4. Place of Birth, (Street and Number)

1138 Nantucket St.

5. Full Name of Mother,

Elizabeth M. Walker

6. Mother's Maiden Name,

" ", *" "*

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. G. Walker

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Frederick C. Baker M.D.

Address,

7th N. Charles St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 8008

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 9 1888

4. Place of Birth, (Street and Number)

1464 Wm St

5. Full Name of Mother,

Caritta G. Silvers

6. Mother's Maiden Name,

" Bond

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Chas C Silvers

9. Father's Occupation,

Cable Hangar

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return

Therodag C. [illegible]
914 N. Charles St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Ferdinand Heise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

A. 8069

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Dec. 9, 1888*

4. Place of Birth, (Street and Number) *1921 McElderry St.*

5. Full Name of Mother, *Mary M. Heise*

6. Mother's Maiden Name, *Wutovich*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John R. Heise*

9. Father's Occupation, *Book-keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

OTHER NAME ADDED. 39-53

*S. H. Selders M.D.
S. E. Co. Cardini & Eager*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Helen A. Cooper 5 M. A 8060*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 9/88*

4. Place of Birth, (Street and Number) *1417 Copper Lane*

5. Full Name of Mother, *Clara C. Cooper*

6. Mother's Maiden Name, *" " Elmer*

7. Mother's Birthplace, *Worcester Co. Mass*

8. Full Name of Father, *Samuel H. Cooper*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return, *J. L. Miller*

Address, *2260 B. Bay*

Remarks, *4-1-54*

GIVEN NAME 1907

L. M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 8061

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Dec 9th 1888

4. Place of Birth, (Street and Number)

No. 1529 Marshall Ave

5. Full Name of Mother,

Bridget ~~Lee~~ Lee

6. Mother's Maiden Name,

Bridget Tobin

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Lee

9. Father's Occupation,

Labourer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

E. Hinton

Address,

12 17 West Barney St

Remarks,

any such person of persons who shall hereafter be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{over}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *James Cary Parson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 8062

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th Decr 1888*

4. Place of Birth, (Street and Number) *2027 Calverh*

5. Full Name of Mother, *Elizabeth C Parson*

6. Mother's Maiden Name, *Elizabeth Carter*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *J. A. Parson*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return.

C. B. Gamble M.D.

Address, *725 E. Thacker*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second, A 80613

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 9th 1888.

4. Place of Birth (Street and Number)

No. 110 Frances St

5. Full Name of Mother

Dora Plitt

6. Mother's Maiden Name

Manger

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

John William Plitt

9. Father's Occupation

Butcher

Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

James W. Knight M.D.

Address

414 N. Greene

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 8064*
- ☒ Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *December 9th 1885*
4. Place of Birth, (Street and Number) *No 1413 Ramsey St*
5. Full Name of Mother, *Emma V Owens*
6. Mother's Maiden Name, *Emma Mathill*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Owens*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs C Dumas*
- Address, *No 1821 W Lombard St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Elmer Kennedy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A 6006*

1. Sex, (State whether male or female). *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Dec 9th 1888*

4. Place of Birth, (Street and Number) *No 1325 Hanover st*

5. Full Name of Mother, *~~Genetta Kennedy~~ Jeannetta Kennedy*

6. Mother's Maiden Name, *~~Genetta Lecklyster~~ Jeannetta Lecklyster*

7. Mother's Birthplace, *Frederic Co md*

8. Full Name of Father, *~~Michael Kennedy~~ Michael Kennedy*

9. Father's Occupation, *R.R. Conductor*

Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return. *Elizabeth Hinton*

Address, *No 17 West Barney Street*

Remarks, **CERTIFICATE CORRECTED 2-25-52**

For every person born in Baltimore City, a fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-22-50
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Catherine Dimpert* A. 8066
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
 Sex, (state whether male or female) *female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *Dec 9 1888*
 4. Place of Birth, (Street and Number) *1426 Hollin St*
 5. Full Name of Mother *Christina (Christina) Dimpert*
 6. Mother's Maiden Name, *" Simon*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Charles (Charles) Dimpert*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*
 Address, *1605 Walker St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 8067

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

4. Date of Birth,

Dec 9 1888

5. Place of Birth, (Street and Number)

195 Eastern Ave

6. Full Name of Mother,

Elizabeth Duman

7. Mother's Maiden Name,

" Moose

8. Mother's Birthplace,

Baltimore Md

9. Full Name of Father,

William Duman

10. Father's Occupation,

Baker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Caroline Miller

Address,

1605 Walker St.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

A. 8068

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Dec. 10. 1888.

4. Place of Birth, (Street and Number)

723 Cumberland

5. Full Name of Mother,

Ladie A. Clay

6. Mother's Maiden Name,

Mallonee

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

Wm. H. Clay

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Harford Co. Md.

Name of Medical Attendant,

or other person who makes this Return.

J. B. Christian, M.D.

Address,

1821 Madison Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A. 8069

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dec 10 7/88 - 12 10 P.M.

14 14 Banks St

Emelia Staudt

"licher

Germany

- Jacob Staudt

Tanner

Germany

Dr. J. H. Sherrill M.D.

1102 E. Baltimore St

Instrumental

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A. 8070

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 10th 1888

4. Place of Birth, (Street and Number)

848 Clifford Street

5. Full Name of Mother,

Mrs. Mary Lizzie Little

6. Mother's Maiden Name,

Mary Lizzie Kirby

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Henry Little

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hunter

Address,

23 N. Poppleton St

Remarks,

Printed to the use of ten for dollars for each office, to be recovered as other lines and folios are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

A. 8071

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec. 10, 1888*

4. Place of Birth (Street and Number), *Brown St. near Cross.*

5. Full Name of Mother, *Mary Anne.*

6. Mother's Maiden Name, *Shelly.*

7. Mother's Birthplace, *Ireland.*

8. Full Name of Father, *James Beane.*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mr. Keeney*

Address, *13 - E. Montgomery St.*

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 8072

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 18th 1888.

4. Place of Birth, (Street and Number)

208 W. Saratoga St

5. Full Name of Mother,

Mrs Grace T. Townsend

6. Mother's Maiden Name,

Grace T. Amy

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

A. M. Townsend

9. Father's Occupation,

Clerk

Father's Birthplace,

Pennsylvania

Name of Medical Attendant,

or other Person who makes this Return

H. H. Biedler M.D.

Address,

#119 W. Saratoga St

Remarks,

City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A. 8073

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 20th 1888*

4. Place of Birth, (Street and Number) *No 1802 Ramsey St*

5. Full Name of Mother, *Fannie Wootten*

6. Mother's Maiden Name, *Fannie French*

7. Mother's Birthplace, *Temple New Works*

8. Full Name of Father, *Henry Wootten*

9. Father's Occupation, *Baltimore Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs E Dunbar*

Address, *No 1921 W Spangler St*

Remarks,

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A. 8074*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mon Dec 10th 1888*

4. Place of Birth, (Street and Number) *No 213 Bentalee St*

5. Full Name of Mother, *Mary Lizzie Wahl*

6. Mother's Maiden Name, *Mary Lizzie Kalbfleisch*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Wahl*

9. Father's Occupation, *Laborer*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Catherine Doll*

Address, *No 349 Bentalee St*

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 8075

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 10, 1888

4. Place of Birth, (Street and Number)

3307 Allicanna St

5. Full Name of Mother,

Mary Elizabeth Seale

6. Mother's Maiden Name,

Mary Elizabeth Bond

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Seale

9. Father's Occupation,

Balto. Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary Seale

Address,

3307 Allicanna St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A 8076

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 10 - 88

4. Place of Birth, (Street and Number)

228 W. Epton St.

5. Full Name of Mother,

Rachel Rief

6. Mother's Maiden Name,

Rachel Epstein

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Simon Rief

9. Father's Occupation,

Tailor

Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

Dr. H. H. H. H. H.

Address,

4 W. Epton St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 8077*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 10th 1888.*
4. Place of Birth (Street and Number) *107 N. Cary St*
5. Full Name of Mother *Mary Matthews*
6. Mother's Maiden Name *Mary Orrick*
7. Mother's Birthplace *Baltimore Co., Md*
8. Full Name of Father *Eli A. Matthews*
9. Father's Occupation *Insurance Agt*
10. Father's Birthplace *Baltimore, Co. Md*
Name of Medical Attendant, or other Person who makes this return *Addison C. Fox, Md*
Address *508 West Fayette St*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 8078

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 10 1888

4. Place of Birth, (Street and Number)

506 Castle St

5. Full Name of Mother,

Jane Findings

6. Mother's Maiden Name,

Wilson

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Sam Findings

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Annapolis Md

Name of Medical Attendant, or other person who makes this Return.

Caroline Miller

Address,

1605 Walker St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 10 1888

4. Place of Birth, (Street and Number)

1516 Jefferson St

5. Full Name of Mother,

Emma Lewis

6. Mother's Maiden Name,

" Glase

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Lewis

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Caroline Miller

Address,

1605 Walker St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

21

A. 8080

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

11th of Dec.

4. Place of Birth, (Street and Number)

224 Exeter St.

5. Full Name of Mother,

Eliz. Henderson

6. Mother's Maiden Name,

Karl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Henderson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022, Grand St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 80 81

Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 11, 1888

4. Place of Birth, (Street and Number)

1024 Point Lane

5. Full Name of Mother,

Annie Popp

6. Mother's Maiden Name,

" Wirgel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Popp

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Caroline Miller

Address,

1615 Walker St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A. 8082

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

W.

Date of Birth,

December 11th 1888

Place of Birth, (Street and Number)

Frisby St near Oxford ave -

Full Name of Mother,

Alice Ford Norton

Mother's Maiden Name,

Rigby

Mother's Birthplace,

Baltimore City,

Full Name of Father,

Lawson Levi Norton -

Father's Occupation,

Clerk - (Steam boat Co.)

Father's Birthplace,

Monaca Co, Va.

Name of Medical Attendant, or other Person who makes this Return

A. G. Hearn

Address,

713 Fox Road -

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. 8083

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *December 11th 1888*

4. Place of Birth, (Street and Number) *1819 N. Calvert St.*

5. Full Name of Mother, *Julia Mary Robson*

6. Mother's Maiden Name, *" " Stockitt*

7. Mother's Birthplace, *South River - Anne Arundel, Co. - Md.*

8. Full Name of Father, *Arthur Robson*

9. Father's Occupation, *Advertising Agent.*

10. Father's Birthplace, *England.*

Name of Medical Attendant, or other Person who makes this Return

A. G. Howard.

Address,

- 713 York Road -

Remarks,

GIVEN NAME ADDED 12-27-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Mott Coleman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 8084

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 11, 1888*

4. Place of Birth, (Street and Number) *203 Lemon*

5. Full Name of Mother, *Mary Alida Coleman*

6. Mother's Maiden Name, *Mott*

7. Mother's Birthplace, *New York State*

8. Full Name of Father, *Geo. Walter Coleman*

9. Father's Occupation, *Lithographic printer*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, (other Person who makes this Return) *Jas. M. Craighill*

Address, *1720 N. Charles*

Remarks,

To a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child - 8086*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Colored Race*

3. Date of Birth, *Dec 11 1888*

4. Place of Birth, (Street and Number) *11 Little Broadway Road*

5. Full Name of Mother, *Shute King*

6. Mother's Maiden Name, *State Scott*

7. Mother's Birthplace, *Essex County Va*

8. Full Name of Father, *Elmer Scott*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Harford Co Md*

Name of Medical Attendant, *Lucinda Woodford*
or other person who makes this Return

Address, *432 N. Register St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A 8086*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *December 11th 1888*
4. Place of Birth (Street and Number), *No 901 Tyson St*
5. Full Name of Mother, *Anna Hill*
6. Mother's Maiden Name, *" Taylor*
7. Mother's Birthplace, *Lancaster Co. Va*
8. Full Name of Father, *Richard Hill*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return. *Amelia Johnson*
- Address, *No 1624 Park Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A. 8087*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec. 11 - 1888*
4. Place of Birth, (Street and Number) *120 S. Eyster st*
5. Full Name of Mother, *Rachel Kavanagh*
6. Mother's Maiden Name, *" Whitfield*
7. Mother's Birthplace, *Balto., Md*
8. Full Name of Father, *Marion Kavanagh*
9. Father's Occupation, *Copper-smith*
10. Father's Birthplace, *Balto., Md*
- Name of Medical Attendant, or other Person who makes this Return. *P. G. Lauschnig*
- Address, *1727 E. Balto., st.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 8088

● Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 11th 1888

4. Place of Birth (Street and Number),

N^o 19 Randolph St

5. Full Name of Mother,

Ida, M. De Luca

6. Mother's Maiden Name,

Ida, M. Williams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph, T. Williams

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Catharine Hornung

Address,

N^o 1517 Byrd St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A 8089
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White race.
3. Date of Birth December 11, 1888
4. Place of Birth (Street and Number) No. 537 Walnut St.,
5. Full Name of Mother Kate Sharp
6. Mother's Maiden Name Kate Fennier
7. Mother's Birthplace in Baltimore.
8. Full Name of Father George Sharp
9. Father's Occupation in Lumber
10. Father's Birthplace in Baltimore.
- Name of Medical Attendant, or other Person who makes this Return.
- Address Widener House, Greenb. 538, Public House
- Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A 5090*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Decbr 11th 1888*
4. Place of Birth, (Street and Number) *609 South Regester St. Balto*
5. Full Name of Mother *Catharine Weber*
6. Mother's Maiden Name *Meatrush*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Richard Weber*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *House Surgeon*
Address *521 South Ann St.*
Remarks

over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- Name of child: Edgar Forrester Wiencke
1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second, A 8094
2. Sex (state whether Male or Female) Male.
3. Race or Color (if not of the white race) White.
4. Date of Birth December 11th, 1888.
5. Place of Birth (Street and Number) No. 9 Pearl St. Wiencke
6. Full Name of Mother Sophie K. (Wiencke).
7. Mother's Maiden Name Schulte.
8. Mother's Birthplace Baltimore, Md. Wiencke
9. Full Name of Father Albert G. (Wiencke)
10. Father's Occupation Barber.
11. Father's Birthplace Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.
Address 414 N. Greene St.
Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st* *A 8092*
1. Sex (state whether Male or Female) *M*
2. Race or Color (if not of the white race) _____
3. Date of Birth *December 11th 1888*
4. Place of Birth (Street and Number) *570 E Eager St*
5. Full Name of Mother *Mary Catherine Weber*
6. Mother's Maiden Name *Mary Catherine Brunk*
7. Mother's Birthplace *Balto Md*
8. Full Name of Father *Joseph H Weber*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Balto Md*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. Morfitt*
- Address *727 E B alt, 8 mi*
- Remarks *L. O. A. Le trouble Leabor*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 8093
- Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Dec. 11, 1888
4. Place of Birth, (Street and Number) 206 Green Street.
5. Full Name of Mother, Rose P. Marshall.
6. Mother's Maiden Name, Rose Murray.
7. Mother's Birthplace, Greenwich, N.Y.
8. Full Name of Father, John Marshall.
9. Father's Occupation, Business Agent.
10. Father's Birthplace, Greenwich, N.Y.
- Name of Medical Attendant, or other person who makes this Return, J. Williams Lord M.D.
- Address, 501 W. Franklin Street
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8094
1st born

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

12 June 1888

4. Place of Birth, (Street and Number)

No 800 Madison St

5. Full Name of Mother,

Elizabeth Smith

6. Mother's Maiden Name,

Elizabeth

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Smith Joseph Woodbury

9. Father's Occupation,

Book Binding

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. H. H. Lauer

Address,

No 1054 N. Ave. Baltimore

Remarks,

Book Binding

1888

Printed to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A. 8095

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *11th December 1888*

4. Place of Birth, (Street and Number) *Bancroft St. No. 210*

5. Full Name of Mother, *Lelona Bar*

6. Mother's Maiden Name, *Leivert*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *August Bar*

9. Father's Occupation, *Coal Miner*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other person who makes this Return.

Address, *Foot St. No. 434 Caroline Throop*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 8096
- Sex, (State whether male or female) female
- Race or color, (if not of the white race) White
- Date of Birth, Dec 11/88
- Place of Birth, (Street and Number) 1443 E Monument St.
- Full Name of Mother, Kata K. Dean
- Mother's Maiden Name, Katin K. Strick
- Mother's Birthplace, Balto City
- Full Name of Father, James Dean
- Father's Occupation, Laborer
- Father's Birthplace, Balto City
- Name of Medical Attendant, J. Chambers
or other person who makes this Return.
- Address, 309 N. Fulton St.
- Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th A. 8097

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Dec 11 1888

4. Place of Birth, (Street and Number)

818 N. Bond

5. Full Name of Mother.

Mary E. Lucas

6. Mother's Maiden Name.

Parshell

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John E. Lucas

9. Father's Occupation.

Bricklayer

10. Father's Birthplace.

England

Name of Medical Attendant,

or other Person who makes this Return

J. B. Schwaetha M.D.

Address,

1003 N. Broadway

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d A 8098
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 12th 1888
4. Place of Birth, (Street and Number) 727. South Bond st. Balto Md.
5. Full Name of Mother Martha City
6. Mother's Maiden Name Martha Douglas
7. Mother's Birthplace Baltimore City
8. Full Name of Father John City
9. Father's Occupation Black
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mary Leidner
- Address 521 South Anne st.
- Remarks Died with inwardly Spasms, vomiting
within two weeks full term. Decr 15th 1888.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A 8099

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 12 1898

4. Place of Birth, (Street and Number)

1816 W. Annapolis St

5. Full Name of Mother,

Orville P. Botcher

6. Mother's Maiden Name,

Street

7. Mother's Birthplace,

City

8. Full Name of Father,

Albert Eugene Botcher

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. Fitchhoff M.D.

Address,

1328 N. Guilford St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A. 6/00

Sex, (State whether male or female)

Female
White

2. Race or color, (if not of the white race)

3. Date of Birth,

12. December

4. Place of Birth, (Street and Number)

1807 E. Madison St

5. Full Name of Mother,

Mollie Barber

6. Mother's Maiden Name,

11 Sapp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry L Barber

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Walter

Address,

503. Caroline St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 8101

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Dec. 12th 1888

4. Place of Birth, (Street and Number) 906 Jordan Alley

5. Full Name of Mother, Sophia B. Cornish

6. Mother's Maiden Name, Sophia Brown

7. Mother's Birthplace, West-river Md

8. Full Name of Father, Solomon B. Cornish

9. Father's Occupation, Private Waiter

10. Father's Birthplace, Eastern Shore Md

11. Name of Medical Attendant, or other Person who makes this Return, Lucy Cornish

Address, 906 Jordan Alley

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 8102
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 12th 1888
4. Place of Birth, (Street and Number) 2100 Canton Ave
5. Full Name of Mother Luisa Collins
6. Mother's Maiden Name Luisa Brand
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father George Collins
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore, Md.
- ☒ Name of Medical Attendant, or other Person who makes this Return. Mary Leidner
- Address 521. South Ann St.
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

tenth child 8/103

1. Sex (state whether male or female),

2 male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Dec 12

4. Place of Birth (Street and Number),

City number 1 woman

5. Full Name of Mother,

Lizzie ~~and William~~ Williams

6. Mother's Maiden Name,

Lizzie Nelson

7. Mother's Birthplace,

va

8. Full Name of Father,

Charles Williams

9. Father's Occupation,

labor

10. Father's Birthplace,

Barroll county

11. Name of Medical Attendant, or other person who makes this Return.

Jane Warren

Address,

number 10 st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 8104

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec

12

1898

4. Place of Birth, (Street and Number)

5 S

5. Full Name of Mother,

Ella

Ella

Brohman

6. Mother's Maiden Name,

Hobbs

7. Mother's Birthplace,

Balto Co

8. Full Name of Father,

Joseph Brohman

9. Father's Occupation,

Brohman

10. Father's Birthplace,

Seaford Del

Name of Medical Attendant,

other Person who makes this Return

Dr G Zetterhoff MD

Address,

1320

N Calumet St

Remarks,

Person required, and any such person shall be subjected to the fine of ten (10) dollars to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, etc.)

A. 8/05

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Dec 12 1888 — 12-05 PM

4. Place of Birth, (Street and Number)

823 Grand St

5. Full Name of Mother,

Clara Schanbauer

6. Mother's Maiden Name,

" Stter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Schanbauer

9. Father's Occupation,

Bottle Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Alfred Fisher M.D.

Address,

1102 S. Balt. St.

Remarks,

Instrumental

Person or persons who shall be subjected to the fine of ten (10) dollars as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child 1890
1. Sex (state whether male or female), 2 male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Dec 18
4. Place of Birth (Street and Number), City Monroe St no 100
5. Full Name of Mother, Lizzy Williams
6. Mother's Maiden Name, Lizzy Nelson
7. Mother's Birthplace, W. Va
8. Full Name of Father, Charles Williams
9. Father's Occupation, labor
10. Father's Birthplace, Carroll county
- Name of Medical Attendant, or other person who makes this Return. J. M. Morren
- Address, Monroe St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child* *A. 8107*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *12 december*

4. Place of Birth, (Street and Number) *Baltimore no 10. Springat*

5. Full Name of Mother, *Elizabeth Giles*

6. Mother's Maiden Name, *Elizabeth Wheeler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ells Worth Wheeler*

9. Father's Occupation, *Horseshy*

10. Father's Birthplace, *Widdell river neck*

Name of Medical Attendant, or other Person who makes this Return, *Georganna Webb*

Address, *24 iron alley*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d -

A. 8108

1. State whether male or female

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

December 12th 1888 -

4. Place of Birth, (Street and Number)

No. 6 Independent Ave (west side)

5. Full Name of Mother,

Lillie Mary Bayless

6. Mother's Maiden Name,

" " Linthicum

7. Mother's Birthplace,

Brownstown, A. C.

8. Full Name of Father,

Wm. Thom. Bayless

9. Father's Occupation,

- Collector Gas Co -

10. Father's Birthplace,

- Baltimore City -

Name of Medical Attendant, or other Person who makes this Return

A. G. Heron.

Address,

713 Fort Road

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A second* *A. 8109*

Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 12*

4. Place of Birth, (Street and Number) *Baltimore Chestnut St - 942*

5. Full Name of Mother, *Laura A. Creamer*

6. Mother's Maiden Name, *Lingular*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank M. Creamer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Fredrick city*

Name of Medical Attendant, or other person who makes this Return, *Herington Tinsley*

Address, *924*

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A 8110

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 12th 1888

4. Place of Birth (Street and Number),

913 Light St

5. Full Name of Mother,

Delphine Baker

6. Mother's Maiden Name,

Delphine Hensch

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wesley Baker

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Forfenick Co Md

Name of Medical Attendant, or other person who makes this Return.

B. J. Phillips M.D.

Address,

735 W Lombard St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

December

A 8/11
the 12th

1. Sex, (State whether male or female)

boy

2. Race or color, (if not of the white race)

colored

3. Date of Birth,

December the 12 1888

4. Place of Birth, (Street and Number)

811 Blockholm St

5. Full Name of Mother,

Mary C Large

6. Mother's Maiden Name,

Mary Platter

7. Mother's Birthplace,

St Marys County

8. Full Name of Father,

Robert D Large

9. Father's Occupation,

laborer

Father's Birthplace,

Punee Gorge County Md

Name of Medical Attendant, or other person who makes this Return,

St Marys County

Address,

830

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to be fined to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8112

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

12th of Dec.

4. Place of Birth, (Street and Number)

110 Salisbury Alley

5. Full Name of Mother,

Ella Fortie

6. Mother's Maiden Name,

Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Fortie

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah C. Cooper

Address,

122 Granby St.

Remarks,

Filed to the file of the 100 dollars for each of the, to be recovered as other bills and certificates are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8/113

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

3. Date of Birth,

12th of Dec.

4. Place of Birth, (Street and Number)

839 E. Lombard

5. Full Name of Mother,

Wilhelmina Long

6. Mother's Maiden Name,

Pierreson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis H. Long

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Sarah Cooper

Address,

1022 E. Broadway St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A. 8/1/4

Male

White race

Dec. 12/88

213 1/2 Marial, ave.

Mary. C. Crawley.

" James.

Balto. Md.

Friedrich. Crawley.

Labor.

Balto. Md.

Annies. Cecoms

Nov. 1884. Light St

Yours. Respectfully.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jeeted to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2d.*

A. 81415

● Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White, race.

3. Date of Birth,

Dec. 12/88

4. Place of Birth, (Street and Number)

No. 1541, Hanover St.

5. Full Name of Mother,

Annie. Hoff.

6. Mother's Maiden Name,

Waheland.

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Henry Hoff.

9. Father's Occupation,

Labor.

10. Father's Birthplace,

Balt. Md.

● Name of Medical Attendant, or other person who makes this Return.

Annie. Green.

Address,

No. 1714, Lig. H. St.

Remarks,

Yours. Respectfully

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A 8116*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Thursday December 13/18*

4. Place of Birth, (Street and Number) *302 Norwood Street*

5. Full Name of Mother, *Leticia Adonia Edwards*

6. Mother's Maiden Name, *Mitchell Edwards*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Aaron F. Mitchell*

9. Father's Occupation, *Porter Adams Ex. Co.*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address, *930 N - Calver St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A 8117

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 13th 1885

4. Place of Birth (Street and Number),

1127 Riverside Ave

5. Full Name of Mother,

Julia Thompson

6. Mother's Maiden Name,

Julia Gehring

7. Mother's Birthplace,

Hannover Germany

8. Full Name of Father,

Chas. Thompson

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs M. S. Colwell

Address,

606 Howard St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 6118

1. Sex, (State whether male or female) Boy

2. Race or color, (if not of the white race) White

3. Date of Birth, 13th of December 1888

4. Place of Birth, (Street and Number) 26 North South Cassel Street

5. Full Name of Mother, Annie Weisel

6. Mother's Maiden Name, Annie Baer

7. Mother's Birthplace, Germany Baltimore

8. Full Name of Father, John Baer

9. Father's Occupation, Pottery

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Crescentia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A 8119

1. Sex, (State whether male or female)

Child.

Female.

2. Race or color, (if not of the white race)

3. Date of Birth,

13. December

4. Place of Birth, (Street and Number)

433. Short St

5. Full Name of Mother,

Annie E Marshall

6. Mother's Maiden Name,

' ' Robinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thorney. G. Marshall

9. Father's Occupation,

Water

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Water

Address,

503 Caroline St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child A. 8/20
Female.

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 13 - 1888.

4. Place of Birth, (Street and Number)

914 Charles st.

5. Full Name of Mother,

Lizzie Ziegl.

6. Mother's Maiden Name,

Hoffmann.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

George Ziegl.

9. Father's Occupation,

Stone cutter.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schwaeser Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th. A. 8/21

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 13, 1888

4. Place of Birth, (Street and Number)

631 Patterson Park Ave.

5. Full Name of Mother,

Mary Ann

6. Mother's Maiden Name,

Mary Burrows

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John Ann

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return

Mary G. Swayne

Address,

121 Luzerne St.

Remarks,

Jeeted to the bar of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A

8/22

Sex, (state whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth, December 13 1888

Baltimore

4. Place of Birth, (Street and Number)

Baltimore No 1017 Schroeder Street

5. Full Name of Mother,

Maud Bell

6. Mother's Maiden Name,

Maud Hinton

7. Mother's Birthplace,

Frederick

8. Full Name of Father,

George Bell

9. Father's Occupation,

Finishes

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Catharine Mitchell

Address,

Remarks,

No 112 Calender Street

Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

16th

A 2123

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Dec. 14 1884

Place of Birth, (Street and Number)

1804 2nd St

Full Name of Mother,

Katharine Cecilia Baird

Mother's Maiden Name,

Katharine Raymond

Mother's Birthplace,

Mass

Full Name of Father,

John Baird

Father's Occupation,

Engineer

Father's Birthplace,

Calts

Name of Medical Attendant, or other Person who makes this Return

Dr. James A. Leach

Address, 435 Right St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 8124

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

December 14th 1888

Place of Birth, (Street and Number)

1523 E. Fayette St

Full Name of Mother

Annie Overbeck

Mother's Maiden Name,

" Graf

Mother's Birthplace,

Baltimore

Full Name of Father,

Theodore Overbeck

Father's Occupation,

Watchmaker

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Wm. L. Russell

Address,

800 N Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

6th

A.

8125

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

December 14th 1888-

4. Place of Birth, (Street and Number)...

403 1/2 Falls Road

5. Full Name of Mother,

Elizabeth Crookston

6. Mother's Maiden Name,

" " Tipton

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Samuel Crookston

9. Father's Occupation,

Stear Dealer

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return.

Dr. Garrison S. Brown

Address,

W. T. Washington, Balto., Co.

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2^d, 3^d, &c.) Third A. 8/2-6
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth December 15th 1888
4. Place of Birth, (Street and Number) 134 E. Pratt St.
5. Full Name of Mother Harriet Virginia Boyden
6. Mother's Maiden Name Harriet A. Galloway
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father George Albert Boyden
9. Father's Occupation Patent Attorney
10. Father's Birthplace Altoona, Pennsylvania
- ☒ Name of Medical Attendant, or other Person who makes this Return. Richard L. Lashill
- Address 700 S. Broadway
- Remarks _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A. 8/27

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race).

White

3. Date of Birth

Dec 15th 1888.

4. Place of Birth (Street and Number)

1542 N. Cary St.

5. Full Name of Mother

Zerlina Katz

6. Mother's Maiden Name

Zerlina Cohen

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

David Katz

9. Father's Occupation

Shoe Merchant

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this return

Addison C. Fox, M.D.
508 W. Fayette St.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child ~~A~~ 128

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 15 1888.

4. Place of Birth, (Street and Number)

1032 Hanover st.

5. Full Name of Mother,

Maggie Gitz.

6. Mother's Maiden Name,

Broeder.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Charles Gitz.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 8/29

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 15 1911

4. Place of Birth, (Street and Number)

1100 Chesapeake St

5. Full Name of Mother,

Maggie Coleman

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Coleman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Howell H. H. H.

Address,

1100 Chesapeake St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

A. 8/30

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

colored

3. Date of Birth,

December the 15

4. Place of Birth, (Street and Number)

Flury st. 115

5. Full Name of Mother,

Martha Wilson

6. Mother's Maiden Name,

Martha Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Johnson

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Martha J. Wilson

Address,

Flury st 115

Remarks,

Perfect to the five of ten (or dollars for each entrance, to be recovered as other laws and regulations are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d A. 8131

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 15 - 1888

4. Place of Birth, (Street and Number)

305 S. Ann St

5. Full Name of Mother,

Mary Quada Glaeser

6. Mother's Maiden Name,

Mary Quada Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Glaeser

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

P. G. Gauschman

Address,

1727 E. Baltimore St.

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, ~~4th~~) A. 8/52
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 15 - 1888
4. Place of Birth, (Street and Number) 1216 W. Carey St
5. Full Name of Mother Sallie Chambers
6. Mother's Maiden Name Nicholson
7. Mother's Birthplace Pa.
8. Full Name of Father Charles F. Chambers
9. Father's Occupation Watman
10. Father's Birthplace Data
- ☒ Name of Medical Attendant, or other Person who makes this return. Dr. McKen
- Address 1401 Linden av
- Remarks _____

GIVEN NAME ADDED 8-16-56
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Trappe
 No. *8133* Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
 1. Sex, (State whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Dec. 16, 88*
 4. Place of Birth, (Street and Number) *1413 E. 13th St*
 5. Full Name of Mother, *Irina M. E. Trappe*
 6. Mother's Maiden Name, *Pis*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Augustine J. L. Trappe*
 9. Father's Occupation, *Reporter*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, *J. M. Seldner M.D.*
or other person who makes this Return.
H. C. Cox Caroline J. Engler
 Address,
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the

A. 8/34

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 16

4. Place of Birth, (Street and Number)

216 Columbia Ave

5. Full Name of Mother,

Lida Rogers

6. Mother's Maiden Name,

" Barber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Rogers

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Miss Mary H. H. H.

Address,

12412 Scott St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A. 8/35

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) African

3. Date of Birth, 12th mo. 16, 1888

4. Place of Birth, (Street and Number) 707 Hillen St.

5. Full Name of Mother, Isabella Banks

6. Mother's Maiden Name, Garland

7. Mother's Birthplace, Virginia

8. Full Name of Father, Alexander Banks

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, Robert M. Matthews M.D.
or other Person who makes this Return

Address, 289 N. Euter St.

Remarks, The child was partially asphyxiated but recovered and lived six hours. The mother has had malarial cachexia several months.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 8136
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 16th 1888.
4. Place of Birth, (Street and Number) 407 South Durham st.
5. Full Name of Mother Elizabeth Berkert.
6. Mother's Maiden Name Elizabeth Hirschbaum
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Frank Berkert
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Mary Leidner
- Address 521. South Ann st.
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child 8/37
Male.

Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 16 1888.

4. Place of Birth, (Street and Number)

1459 Light st.

5. Full Name of Mother,

Esabella Hartloff.

6. Mother's Maiden Name,

Kallene.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Hartloff.

9. Father's Occupation,

Restaurant.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwaesser. Midwife.

Address,

1032 Knover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child. A 8138
Female.

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 16 — 1888.

4. Place of Birth, (Street and Number)

214 Grinnel st.

5. Full Name of Mother,

Anna Faber.

6. Mother's Maiden Name,

Rehmann.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Charles Faber.

9. Father's Occupation,

Can-maker.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwaesser Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child 8/13/9

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

December 16, 1888

4. Place of Birth, (Street and Number)

1534 Chesapeake St.

5. Full Name of Mother,

Ellie A. McMillan

6. Mother's Maiden Name,

Ellie A. Parrish

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Amos R. McMillan

9. Father's Occupation,

Printer

Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

A. G. Spator

Address,

1301 W. Central Ave

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A. 8140

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec - 16 - 88

4. Place of Birth, (Street and Number)

2215 S. Dwyer St.

5. Full Name of Mother,

Sophie Mills

6. Mother's Maiden Name,

Sophie Boral

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul Mills

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Frank G. Meyer M.D.

Address,

4 Dr. Euter St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 8141

1. Sex. (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

16 Dec

3. Date of Birth,

4. Place of Birth, (Street and Number)

1236 Johnson St. Balto

5. Full Name of Mother,

Blair Virginia Phillips

6. Mother's Maiden Name,

Blair Virginia Daines

7. Mother's Birthplace,

Dorchester Co

8. Full Name of Father,

James Floyd Phillips

9. Father's Occupation,

Electrical instrument maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Conway

Address,

1236 Johnson St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A 8142

1st child

Female

White

Feb 10 of Dec 1888

1009 - Hillen

Ann Parr

George Shivers

Baltimore

John W. Parr

Culver

Baltimore

Dr. C. H. K. K.

1009 - Hillen

1009 - Hillen

1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 143

Sex, (state whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, December 16th 1888 Baltimore

4. Place of Birth, (Street and Number) Baltimore Lombard street 1011

5. Full Name of Mother, Mary Bidler son

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Bidler son

9. Father's Occupation, paper hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Latharine Mitchell

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 8/44
 Sex, (state whether male or female) male
 Race or color, (if not of the white race) white
 Date of Birth, December 16th 1888
 Place of Birth, (Street and Number) Baltimore No 2020 gilmore street
 Full Name of Mother, Glorence Mullinix
 Mother's Maiden Name, Glorence James
 Mother's Birthplace, Baltimore
 Full Name of Father, Lewis Mullinix
 Father's Occupation, Relaysath operator
 Father's Birthplace, Frederick
 Name of Medical Attendant, or other person who makes this Return, Latharine Mitchell
 Address, _____
 Remarks, _____

Section to the line of red ink/colours for each of these, to be recovered in other than and in other than are received here.

GIVEN NAME ADDED 4-27-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Morton Sticker
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child* *A 8145*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16th December 1888*

4. Place of Birth, (Street and Number) *# 439 S. Sticker St*

5. Full Name of Mother, *Emma Francis Sticker*

6. Mother's Maiden Name, *Emma Francis Easterley*

7. Mother's Birthplace, *Baltimore City, Md*

8. Full Name of Father, *Warrison Theodore Sticker*

9. Father's Occupation, *Lumber Distributor*

10. Father's Birthplace, *Georgetown D.C*

Name of Medical Attendant, or other Person who makes this Return, *Wm. Greening*

Address, *# 414 S. Sticker St Baltimore D.C*

Remarks, *Mother and child are dwelling*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A 8146*
 1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *December 16, 1881*
 4. Place of Birth, (Street and Number) *2945 Hudson St.*
 5. Full Name of Mother, *Annie Macgare*
 6. Mother's Maiden Name, *Annie Goodfellow*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Marcus Macgare*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Alfred J. Mayne*
 Address, *2945 Hudson St.*
 Remarks,

ected to the fine of ten (10) dollars for each offence, being recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child A 8147

1. Sex, (State whether male or female)

Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

16th Dec 1888

4. Place of Birth, (Street and Number)

No 326 Smallwood st

5. Full Name of Mother,

Mrs Rowler

6. Mother's Maiden Name,

Miss Hummel

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mrs A. D. Rowler

9. Father's Occupation,

Basket Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Miller

Address,

2127 West Pratt st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

A 8148

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Baltimore Dec 16th 1888

4. Place of Birth, (Street and Number) 843 Bayed St

5. Full Name of Mother, Lucy Gough

6. Mother's Maiden Name, Lucy Bennett

7. Mother's Birthplace, St Marys County

8. Full Name of Father, Frank Gough

9. Father's Occupation, Porter

10. Father's Birthplace, St Marys

Name of Medical Attendant, or other Person who makes this Return, Sarah Duwell

Address, 213 Jasper St Balt City

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.* *A 8149*
 Sex, (state whether male or female) *Male*
 Race or color, (if not of the white race) *White*
 Date of Birth, *Dec. 16, 1888*
 Place of Birth, (Street and Number) *2116 Garden Avenue*
 Full Name of Mother, *Mary Pulley*
 Mother's Maiden Name, *Mary Piller*
 Mother's Birthplace, *Balto.*
 Full Name of Father, *James Pulley*
 Father's Occupation, *Valerier*
 Father's Birthplace, *Balto.*
 Name of Medical Attendant, or other person who makes this Return. *Mary J. Inayne.*
 Address, *1724 Luzerne St.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

A 8150

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, December the 16
4. Place of Birth, (Street and Number) Welcome alley 119 1855
5. Full Name of Mother, Mary Jane Barel
6. Mother's Maiden Name, Mary Jane Barry
7. Mother's Birthplace, Cambridge newmarket
8. Full Name of Father, John Barry
9. Father's Occupation, Laborer
10. Father's Birthplace, Cambridge newmarket

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, Thurgate St No 115

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 8457*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec 16th 1888*

4. Place of Birth (Street and Number), *1316 Hancock St*

5. Full Name of Mother, *Fannie Orren*

6. Mother's Maiden Name, *Fannie McKeedy*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Perry C. Orren Jr*

9. Father's Occupation, *Very fine Musician*

10. Father's Birthplace, *Balto*

11. Name of Medical Attendant, or other person who makes this Return, *B. F. Phillips M.D.*

Address, *735 W. Lombard St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child A 8152*
1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *white*
 3. Date of Birth, *Dec 17, 1888*
 4. Place of Birth, (Street and Number) *Hamptden City St*
 5. Full Name of Mother, *Sarah Ann Walker*
 6. Mother's Maiden Name, *Sarah A Keys*
 7. Mother's Birthplace, *Baltimore town*
 8. Full Name of Father, *John Henry Walker*
 9. Father's Occupation, *Labuer*
 10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other person who makes this Return, *Elizabeth Ginn*
- Address, *Hamptden Baltimore City St*
- Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child A 8152
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec 17. 1888
4. Place of Birth, (Street and Number) Hampton City St
5. Full Name of Mother, Sarah Ann Walker
6. Mother's Maiden Name, Sarah A Keys
7. Mother's Birthplace, Baltimore Town
8. Full Name of Father, John Henry Walker
9. Father's Occupation, Labuer
10. Father's Birthplace, Baltimore County
- Name of Medical Attendant, or other person who makes this Return. Elizabeth Ginnman
- Address, Hampton Baltimore City St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 8103

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

17th of Dec.

4. Place of Birth, (Street and Number)

100 S. Kenton Ave.

5. Full Name of Mother,

Elizabeth Quinn

6. Mother's Maiden Name,

Hill

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Frederick P. Quinn

9. Father's Occupation,

City Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Dr. Wm. W. W.

Address,

1022 G. Street N.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth* *A. 8154*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 17th 1888*
4. Place of Birth (Street and Number) *210 N. Schroeder St*
5. Full Name of Mother *Mary Branning*
6. Mother's Maiden Name *" Roache*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Branning*
9. Father's Occupation *Turner*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return. *Thos. P. Mc Cormick M.D.*
Address *1421 Eutan Place*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 8/15 B
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, Dec 17 1888
Place of Birth, (Street and Number) 406 N. Ann St.
Full Name of Mother, Annie M. Holland
Mother's Maiden Name, " " Pyle
Mother's Birthplace, Ind
Full Name of Father, Joshua Holland
Father's Occupation, Carpet
Father's Birthplace, Ind
Name of Medical Attendant, (or other Person who makes this Return) Dr. Wm. H. H. H. H.
Address, 1102 E. Baltimore St.
Remarks, This Patient has general elephantiasis, four years standing - weight about 300 lbs. or more.

GIVEN NAME ADDED 11-16-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board, of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Jacob W. Thomas* A. 8158

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *December 17 1888*

4. Place of Birth, (Street and Number) *Deach Alley 913*

5. Full Name of Mother, *Cassie Thomas*

6. Mother's Maiden Name, *Cassie Jones*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Naron Thomas*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Charles County Benedict*

Name of Medical Attendant, or other Person who makes this Return *Mary Walker*

Address, *1112 York Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1st A. 8107

1. Sex, (state whether male or female)

Male.

2. Race or color, (if not of the white race)

White race.

3. Date of Birth,

Dec. '98

4. Place of Birth, (Street and Number)

No. 1732. Marcial. ave.

5. Full Name of Mother,

Elizabeth Hamlen

6. Mother's Maiden Name,

Stodman

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Charles. W. Hamlen.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Annie. Casey.

Address,

No. 1714. Light. St.

Remarks,

Yours. Respectfully.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.* *A 8168*

1. Sex, (State whether male or female) *Girl.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *18th of December 1888.*

4. Place of Birth, (Street and Number) *101 North Chapel street*

5. Full Name of Mother, *Gerdie Schmitt.*

6. Mother's Maiden Name, *Gerdie Punty.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Punty*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return, *Crescentia Hunkel.*

Address, *213 North Chapel st. per Christina Hunkel*

Remarks, *Healthy.*

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 8159
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Baltimore Md
4. Place of Birth, (Street and Number) December 18th 2222 Cambridge
5. Full Name of Mother Tillie Holthouse
6. Mother's Maiden Name Tillie Fisher
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Henry Holthouse
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mary Leidner
- Address 521 South Union St.
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child A. 8160*

1. Sex, (State whether male or female) *Boy*

2. Race or color, (if not of the white race) *White*

3. Date of Birth. *18th of December 1888.*

4. Place of Birth, (Street and Number) *1902 Layette street*

5. Full Name of Mother. *Mary Schmitt*

6. Mother's Maiden Name, *Mary Stigenswald*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father. *George Stigenswald*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Eusebia Kunkel*

Address, *213 North Chapel st. per Justina Kunkel.*

Remarks, *Healthy.*

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third. A. 8161
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth 18th Dec. 1888.
4. Place of Birth, (Street and Number) 1827 E. Biddle St.
5. Full Name of Mother Eva Lanahan
6. Mother's Maiden Name Eva Lent.
7. Mother's Birthplace Baltimore.
8. Full Name of Father John Lanahan
9. Father's Occupation Iron Moulder.
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Kate Lanahan
- Address 1049 N. Gay St.
- Remarks /

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) A. 8162

Sex, (state whether male or female)

2. Race or color, (if not of the white race).

3. Date of Birth, December 18th 1888,

4. Place of Birth, (Street and Number) N 1701 C. Fayette St,

5. Full Name of Mother, Mary F. Hagerman.

6. Mother's Maiden Name, " " Heiss,

7. Mother's Birthplace, Balto. City,

8. Full Name of Father, George F. Hagerman.

9. Father's Occupation, Citizens' Company

Father's Birthplace, Balto. City, Md.,

Name of Medical Attendant, or other person who makes this Return J. Ridgway Andre D

Address, 1123 E. Balto St,

Remarks,

Printed to the line of ten and dollars for each of nine, to be received as other data and notices are received.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th A. 8/63*

Sex, (state whether male or female).

2. Race or color, (if not of the white race)

3. Date of Birth, *Dec. 18th 1888,*

4. Place of Birth, (Street and Number) *No 19 Bank Lane,*

5. Full Name of Mother, *Clara A. Cahill,*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Baltimore City,*

8. Full Name of Father, *Michael J. Cahill,*

9. Father's Occupation, *Wrecking Business,*

10. Father's Birthplace, *Baltimore City,*

Name of Medical Attendant, or other person who makes this Return, *Dr. Ridgway Andrew*

Address, *1123 E. Baltimore St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8164

Sex, (state whether male or female).

2. Race or color, (if not of the white race).

3. Date of Birth,

Dec. 18th 1888.

4. Place of Birth, (Street and Number)

No 110 Wignith St.

5. Full Name of Mother,

Emma Virginia Hunter

6. Mother's Maiden Name,

" " Stinson,

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

David James Hunter

9. Father's Occupation,

Conductor on Rail Road.

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other person who makes this Return

J. Ridgway Andre M.D.

Address,

1123 E. Baltimore St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child A 8165

Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 18 — 1886.

4. Place of Birth, (Street and Number)

14 Spring Court.

5. Full Name of Mother,

Mary Obrine.

6. Mother's Maiden Name,

Ogden.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Obrine.

9. Father's Occupation,

Dealer for fruit.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 8167

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

18th of Dec.

4. Place of Birth, (Street and Number)

221 E. Lombard

5. Full Name of Mother,

Christina Tracy

6. Mother's Maiden Name,

Ward

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Tracy

9. Father's Occupation,

Tracer

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other person who makes this Return.

Dr. Wm. H. W. W.

Address,

1022 Broadway St.

Remarks,

Return to the line of ten you do not have for each offense, to be recovered as other lines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child 1888
1. Sex, (State whether male or female) Little Girl
2. Race or color, (if not of the white race) White race
3. Date of Birth, Born 19th December 1888
4. Place of Birth, (Street and Number) Marrian st
5. Full Name of Mother, Mrs. Bager
6. Mother's Maiden Name, Miss Werner
7. Mother's Birthplace, Wertenberg Mrs. Bager
8. Full Name of Father, Mr. Bager
9. Father's Occupation, Brewer
Father's Birthplace, Wertenberg Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Heiler
Address, 2127 West Pratt st
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

A. 8169

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Blond

3. Date of Birth

December 19th 1888

4. Place of Birth, (Street and Number)

610 Jasper St -

5. Full Name of Mother,

Giggie Miles

6. Mother's Maiden Name,

Anderson

7. Mother's Birthplace,

Boats Md

8. Full Name of Father,

William Miles

9. Father's Occupation,

Prof. of Music

10. Father's Birthplace,

Boats Md

Name of Medical Attendant, or other Person who makes this Return.

Louisa Brown

Address,

642 Jasper St -

Remarks,

Boats Md

for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH A8170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Carolina Engelbrecht
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 4 Child*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *The 19th Dec 1888*

4. Place of Birth, (Street and Number) *No 317 Hillman St*

5. Full Name of Mother, *Clara Engelbrecht*

6. Mother's Maiden Name, *Clara Hindmeyer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Engelbrecht*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Mrs Eli Lauer*

Address, *No 354 Harford Ave*

Remarks, *OTC CASE ADDED 5-1-53 Bal Md*

15th 1888

Jecked to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 8171

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 19 1888

4. Place of Birth, (Street and Number)

113 south Ann St

5. Full Name of Mother,

Mary Meishein

6. Mother's Maiden Name,

Boose

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Meishein

9. Father's Occupation,

Butter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Caroline Miller

Address,

1605 Walker St

Remarks,

Jeetel to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 8172*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Dec. 19th.*
4. Place of Birth (Street and Number), *2203 Carey St.*
5. Full Name of Mother, *Caroline Kenney*
6. Mother's Maiden Name, *Caroline Miesher*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Kenney*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Baltimore*
11. Name of Medical Attendant, or other person who makes this Return, *Harry A. Dorman*
- Address, *2119 Canton Ave.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A 8173
- Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 19th 1888
4. Place of Birth, (Street and Number) 209 Albemarle st.
5. Full Name of Mother, Kate Moor
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Moor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return Mrs. C. Bernstein
- Address, 122 S. Euter st.
- Remarks, _____

2 per cent is the fee of ten per cent for each office, to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *1st.* *A. 5174*
- Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Dec. 26th 1888*
4. Place of Birth, (Street and Number) *426 Bank st*
5. Full Name of Mother, *Lizzie Gayhill*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Daniel Gayhill*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Bernstein*
- Address, *122 S. E. Peter st.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* mother *one* *A 8170*

Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *Colored race*

3. Date of Birth, *Dec the 20 1888*

4. Place of Birth, (Street and Number) *Len foot off No 11 Baltimore m d*

5. Full Name of Mother,

6. Mother's Maiden Name, *Jane Bury*

7. Mother's Birthplace, *Baltimore m d*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Lwunde Worsford

Address, *H H 20 No 20 Registrar St Baltimore m d*

Remarks,

Secured to the fine of ten dollars for each infant, to be recovered in other cases and forfeitures are recoverable.

without the printed above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (A. 8176)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th November 1888

4. Place of Birth, (Street and Number)

1315 N. Broadway

5. Full Name of Mother,

Minnie Lane

6. Mother's Maiden Name,

Minnie German

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Harry A. Lane

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

A. H. Hatcher

Address,

1301 N. Central Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d A 177

Sex, (State whether male or female)

Female
White

2. Race or color, (if not of the white race)

December 20 - 20 88

3. Date of Birth,

Dr. Father

4. Place of Birth, (Street and Number)

Rachel Salabes

5. Full Name of Mother,

Rachel Mandelberg

6. Mother's Maiden Name,

Balt.

7. Mother's Birthplace,

Jacob Salabes

8. Full Name of Father,

Israel

9. Father's Occupation,

Balt.

10. Father's Birthplace,

Frank G. Meyer M.D.

Name of Medical Attendant, or other person who makes this Return.

4 Dr. E. F. St.

Address,

Remarks,

and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8178

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 30th 1888,

4. Place of Birth, (Street and Number)

No 744 N Gay st,

5. Full Name of Mother,

Mary J Johnson

6. Mother's Maiden Name,

Mary J Keenan

7. Mother's Birthplace,

D. C.

8. Full Name of Father,

Charles W Johnson

9. Father's Occupation,

Expressman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. Ridgway Andrew M D

Address,

1128 E Baltimore st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

A. 674

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, Dec 20 1888

4. Place of Birth, (Street and Number) 609 Cannon street

5. Full Name of Mother, Katie Ludwig

6. Mother's Maiden Name, Katie Kirbie

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, George Ludwig

9. Father's Occupation, machinist

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mary Conner

Address, 424 Patterson park avenue

Remarks,

Persons of this section shall be subject to a fine of ten dollars for each child not received at the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the notice.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 A. 8/80

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 20 December

4. Place of Birth, (Street and Number) 1620 Easter ave

5. Full Name of Mother, Mary Draperyniki

6. Mother's Maiden Name, Mary Linyaniriki

7. Mother's Birthplace, Prissen Assen

8. Full Name of Father, Alexander Draperyniki

9. Father's Occupation, shoe Maker

10. Father's Birthplace, Prissen Assen

Name of Medical Attendant, or other Person who makes this Return. Mrs Schumann

Address, 327 Bond st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 8181*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Dec. 21/89*

4. Place of Birth, (Street and Number) *2035 Grand*

5. Full Name of Mother, *Eliza C. Ryan*

6. Mother's Maiden Name, *" " Curley*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *John P. Ryan*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. A. (M.D.)*

Address, *226 S. B. City*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8152

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 21, 1888

4. Place of Birth, (Street and Number)

524 W. Mount. St

5. Full Name of Mother,

Minna Werg Summers

6. Mother's Maiden Name,

Minna Werg

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Buckingham Summers

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

R. W. Wiegman M.D.

Address,

No. 321 W. Paca St.

Remarks,

any other person or persons who shall register and to comply with the provisions of this section shall be subjected to the fine of ten and dollars for each offence, to be recovered in other but such forfeitures are recoverable.

GIVEN NAME ADDED 8-12-54
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nettie Marie MacKessy 5th A. 8/83
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, Dec 21st 1888,
4. Place of Birth, (Street and Number) 1227 N. Eden St,
5. Full Name of Mother, Nellie May MacKessy,
6. Mother's Maiden Name, " " Hall,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, John MacKessy,
9. Father's Occupation, Engineer,
10. Father's Birthplace, Baltimore,
11. Name of Medical Attendant, or other person who makes this Return, J. Ridgway Arnold M.D.
12. Address, 1122 E. Baltimore St
13. Remarks, One of the Carrier Cases on Record,
with warrants pay for services of Pay

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *st.* A. 8184
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Dec. 21st 1888*
4. Place of Birth, (Street and Number) *228 N. High st.*
5. Full Name of Mother, *Hannah Jacobs*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Isaac Jacobs*
9. Father's Occupation, *Builder*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. C. Bernstein*
- Address, *122 S. Exeter st.*
- Remarks, _____

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

A. 8/86

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Baltimore Dec. 21 1885

4. Place of Birth, (Street and Number)

Baltimore Recharge St 1027

5. Full Name of Mother,

Mary C Denton

6. Mother's Maiden Name,

Mary C Roberts

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Washington Denton

9. Father's Occupation,

Porter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Jane Robinson

Address,

315 Ridge St

Remarks.

7 month Baby but is dead when
the Baby was born and I was waiting to see if it live or die
Mr Prange will be there for a permit please.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *A. 8186*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Dec. 21st 1888*
4. Place of Birth, (Street and Number) *405 S. Epler st.*
5. Full Name of Mother, *Jessie Mastrocola*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Mastrocola*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Italy*
11. Name of Medical Attendant, or other person who makes this Return. *Mrs. E. Bernstein*
- Address, *122 S. Epler st.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (~~state whether 1st, 2d, 3d, &c.~~)

A. 8187

1. Sex (~~state whether male or female~~)

2. Race ~~as Color~~, (if not of the white race)

3. Date of Birth, Dec 21 1887

4. Place of Birth, (Street and Number) 133 Bee St

5. Full Name of Mother, Mrs Jenny Stuhn

6. Mother's Maiden Name, Jenny Magland

7. Mother's Birthplace, Prussia

8. Full Name of Father, Philip J. Stuhn

9. Father's Occupation, Merchant

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return

Address, 1435 Light St

Remarks,

Dr. Anna E. Stuhn

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A. 8155

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 21st 88

4. Place of Birth, (Street and Number)

517 East Boundary Av.

5. Full Name of Mother,

Rachel Armor Reeside

6. Mother's Maiden Name,

Rachel Armor

7. Mother's Birthplace,

Pennsey Coanaw

8. Full Name of Father,

Drummond Reeside

9. Father's Occupation,

Contractor, Real Estate

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

R. W. Meifflein M.D.

Address,

321 N. Paca flr

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A 8189

Sex, (State whether male or female)

Girl

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 21/88

4. Place of Birth, (Street and Number)

12 S Pine st

5. Full Name of Mother,

Josephine Wang

6. Mother's Maiden Name,

" Brenden

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Wang

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

John Wang

Address,

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 8190
 1. Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) White
 3. Date of Birth, 22 of December 1888
 4. Place of Birth, (Street and Number) 1220 Central Ave
 5. Full Name of Mother, Maggie Ulrich
 6. Mother's Maiden Name, Maggie Schiff Lane
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles Ulrich
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return. Dr. Christina Lane
 Address, 1039 Charles St,
 Remarks, 1888

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 8191
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 22nd 1888
4. Place of Birth, (Street and Number) 1812 Canton Ave.
5. Full Name of Mother Henritta Thron
6. Mother's Maiden Name Henritta Stengler
7. Mother's Birthplace Bavaria Germany
8. Full Name of Father Michael Thron
9. Father's Occupation Black
10. Father's Birthplace Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return. Mary Leidner
Address 521. South Ann St. Baltimore Md
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd A. 8192

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Dec 22nd

4. Place of Birth, (Street and Number) 707 Dover

5. Full Name of Mother, Louisa Dorman

6. Mother's Maiden Name, Louisa Hadenjahn

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Dorman

9. Father's Occupation, Driver

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hellegonda Slifer

Address, 641 So Pasadena

Remarks, OK

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A. 8193

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

22. December

3. Date of Birth,

1047 Central Av

4. Place of Birth, (Street and Number)

Mary C Garrison
" " Griffin

5. Full Name of Mother,

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Andrew Garrison
Police Officer

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Walter
503 Brooklyn St

Address,

Remarks,

Failure to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A. 61904

1. Sex, (state whether male or female)

female
Catalan

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 22 1888

4. Place of Birth, (Street and Number)

1027 Robarg St

5. Full Name of Mother,

Giordanna Leckins

6. Mother's Maiden Name,

Giordanna Roberts

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph W. Harding

9. Father's Occupation,

labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Henry F. Richardson

Address,

315 P Ring St

Remarks,

Mother and child doing well expect to be

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 8195
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 22nd 1888
4. Place of Birth, (Street and Number) 605. South Dallas
5. Full Name of Mother Anna Dell
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this return. Mary Ludner
- Address 521 South Ann St.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 8196
1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, December 23rd 1888
4. Place of Birth (Street and Number), 615 west Pratt St.
5. Full Name of Mother, Kate Hipsley
6. Mother's Maiden Name, Kate Smith
7. Mother's Birthplace, Brathed Md.
8. Full Name of Father, Thomas Hipsley
9. Father's Occupation, Sabor
10. Father's Birthplace, Baltimore Md.
11. Name of Medical Attendant, or other person who makes this Return, Scharlottie Williams
- Address, # 607 S. Howard St.
- Remarks,

If the Registrar fails to comply with the provisions of this section, he shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Balto Dec 25 1888

3rd

A. 3177

1. Sex, (State whether male or female) Female.

2. Race or color, (if not of the white race) White.

3. Date of Birth, Balto Dec 23. 1888

4. Place of Birth, (Street and Number) 1711 Seaneaster St.

5. Full Name of Mother, Mary Kane.

6. Mother's Maiden Name, Mary Henderson.

7. Mother's Birthplace, America.

8. Full Name of Father, Herman Kane.

9. Father's Occupation, Laborer.

Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Amend

Address, 411 South Wolfe St.

Remarks, 0117

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 8/98
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec. 23rd
4. Place of Birth (Street and Number), 2212 Canton Ave
5. Full Name of Mother, Louvesia Sapp
6. Mother's Maiden Name, Louvesia Walle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Sapp
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mary A. Dorman
or other person who makes this Return.
- Address, 2119 Canton Ave
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-8-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A 8109

No. *1* Child of Mother, (state whether 1st, 2d, 3d, &c.) *Xth*

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *Colored*

3. Date of Birth, *Dec. 23, '88.*

4. Place of Birth, (Street and Number)..... *18 Bell St.*

5. Full Name of Mother,..... *Dora Fisher*

6. Mother's Maiden Name,..... *" Moore*

7. Mother's Birthplace, *Va.*

8. Full Name of Father,..... *Edward H. Fisher*

9. Father's Occupation,..... *Writer*

10. Father's Birthplace,..... *Va.*

Name of Medical Attendant, or other Person who
make this Return,..... *Dr. Arthur Brown*

Address,..... *1815 N. Charles st.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Veronica *Smith* *A 8702*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *female*.
2. Race or Color (if not of the white race), *colored*.
3. Date of Birth, *December 23rd 1888*.
4. Place of Birth (Street and Number), *231 Wayne St.*
5. Full Name of Mother, *Julia Smith*.
6. Mother's Maiden Name, *Julia Spinner*.
7. Mother's Birthplace, *Eastern Shore Md.*
8. Full Name of Father, *John Smith*.
9. Father's Occupation, *Butcher*.
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Charlotte William*

Address, *# 607 S. Howard St.*

Remarks, *CHILD HERE ADDED. 8-27-57*

h.m.

If an infant hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 8201

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

23rd December 1888

4. Place of Birth (Street and Number),

1038 W. Chapel St.

5. Full Name of Mother,

Rachel Coleman

6. Mother's Maiden Name,

Rachel Doney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Franklin Coleman

9. Father's Occupation,

Cutter in Saw Shop

10. Father's Birthplace,

Paterson - New Jersey

Name of Medical Attendant, or other person who makes this Return.

Mrs. Ellen Jordan

Address,

1026 W. Chapel Street

Remarks,

who shall hereafter fail to comply with the provisions of this Act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 A 8202
Male
Caucasian
24th of Dec 1881
East St. 15119
Anna Maria Bay
Anna Maria Bay
Boston
Mary
Labor
Baltimore
Harriet Jackson in alt
1016. Douglass St

It is to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 8203

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white

3. Date of Birth, December-24 1898

4. Place of Birth (Street and Number), Chester 713

5. Full Name of Mother, Maggie Eaton

6. Mother's Maiden Name, Maggie Eaton

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, James Ruly

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elen Carson

Address, 1026 Schaffer St

Remarks,

who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A. 82.04

1. Sex, (State whether male or female)

Wm. L.

2. Race or color, (if not of the white race).

Philip

- 3.
- Date of Birth,*

24 of December

4. *Place of Birth, (Street and Number)*

1213. Holbrook St.

5. Full Name of Mother,

Gus Beyer

6. *Mother's Maiden Name,*

Wm. L. L. L.

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father, ..*

John S. Bayne

9. *Father's Occupation,*

Letter Book

10. *Father's Birthplace,*

Bellingham

Name of Medical Attendant, or other person who makes this Return.

Pro Christina Tager

Address,

1059 Harvard Univ

Remarks.

145

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 1205

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 24

4. Place of Birth (Street and Number),

1826 Linden St.

5. Full Name of Mother,

Laura Bryan

6. Mother's Maiden Name,

Six

7. Mother's Birthplace,

Louisiana

8. Full Name of Father,

Gabriel B Bryan

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

J. A. Wilson

Address,

1008 Mad. Ave.

Remarks,

the Commissioner of Health, in the absence and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. A. 8206

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, December 25th 1888
4. Place of Birth (Street and Number), 11130 Goodman St.
5. Full Name of Mother, Sedonia Sanders
6. Mother's Maiden Name, Sedonia Angles
7. Mother's Birthplace, Worcester Co. Md.
8. Full Name of Father, Lincoln Sanders
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Worcester Co. Md.

Name of Medical Attendant, or other person who makes this Return, Scharlottie Williams

Address, 607 S. Howard St.

Remarks, _____

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 8207*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 25th 1888*
4. Place of Birth (Street and Number) *257 Roberts St.*
5. Full Name of Mother *Eliza Katherine Setrick*
6. Mother's Maiden Name *" " M. Carmick*
7. Mother's Birthplace *Louisiana.*
8. Full Name of Father *W. H. Setrick*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return. *Thos. P. McCormick M.D.*
Address *1421 Canton Place*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10 ^{do} A. 8208

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Dec 25

4. Place of Birth, (Street and Number)

613 Wacker

5. Full Name of Mother,

Emile Mannel

6. Mother's Maiden Name,

Emile Glack

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Mannel

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return.

Henry G. Slijer

Address,

641 So. Baca St

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 8209

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, Oct 25 1885

4. Place of Birth, (Street and Number) 1120 Little MacCurry St

5. Full Name of Mother, Henrietta Wright

6. Mother's Maiden Name, Henrietta Abington

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, William Henry Wright

9. Father's Occupation, Tiler

10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Harriet Jackson

Address, 1016 Douglas St

Remarks,

ance upon the mother, immediately thereafter it shall become the duty of the person or persons of such
to report its birth to the Commissioner of Health, in the manner and within the period above required, and
each person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. *1* Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* A. 8210
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec. 26th 1888*
4. Place of Birth, (Street and Number) *1219 Bank st.*
5. Full Name of Mother, *Mary Hoff*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Christian Hoff*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Bernstein*
- Address, *122 S. Exeter st.*
- Remarks, _____

Notice upon the mother, immediately thereafter, it shall become the duty of the person or persons of such
report its birth to the Commissioner of Health, in the manner and within the period above required, and
person or persons who shall hereafter fail to comply with the provisions of this section shall be liable
to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Addie Brooke McCauley Fifth *A.* 8211
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 26th 1888.

4. Place of Birth (Street and Number),

#728 Third Ave.

5. Full Name of Mother,

Emma McCauley.

6. Mother's Maiden Name,

Wilhelm

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Benjamin F. McCauley

9. Father's Occupation,

Pattern Maker

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this Return.

D. J. Williams M.D.

Address,

244 Carroll St.

Remarks,

*Woodbury,
Baltimore*

in the presence of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, if it shall become the duty of the person or persons so called to report the birth to the Commissioner of Health, to do so, and to file a true and correct copy of such report with the Commissioner of Health, and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine for each offense of not more than twenty dollars, and the same shall be recoverable.

A. 8212

HEALTH DEPARTMENT, Sex, (st)
Race or
Date of
Place of
DEC 27 1888
6. Mother
7. Mother



DEC 27 1981

Dec. 26, 88

1157 Hill St. E. Long St.

Annie Smith

Hearse

Germany

Henry Smith

Blacksmith

Germany.

Caroline Miller

Neos Walker St. Bates Ind.

Wm. J. D. DULANEY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1-14-58
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Addie Brooke McCauley Fifth A. 5211
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 26th 1888.
4. Place of Birth (Street and Number), #728 Third Ave.
5. Full Name of Mother, Emma M. Cauley,
6. Mother's Maiden Name, Wilhelm
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Benjamin F. McCauley
9. Father's Occupation, Pattern Maker,
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return.

Address, D. J. Williams M.D.,
244 Carroll St.

Remarks, Woodbury,
Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

A. 8212

Sex. (state whether male or female) male

Race or Color, (if not of the white race)

Date of Birth, Dec 26, 88

Place of Birth, (Street and Number) 1157 Little Mt. E. Loder St

Full Name of Mother, Annie Smith

Mother's Maiden Name, Weaver

Mother's Birthplace, Germany

Full Name of Father, Henry Smith

Father's Occupation, Blacksmith

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 205 Walker St. Balto. Md.

Remarks,

attendance with the assistance of a physician or practitioner of midwifery or should be other than that of the mother, immediately thereafter it shall become the duty of the person or persons of each child to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - *Mary Ellen*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

21 *A. 8213*
Female

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

1888 - 3rd. of Dec.

4. Place of Birth, (Street and Number)

818 Pratt St.

5. Full Name of Mother,

*Elizabeth Concamer
Enright*

6. Mother's Maiden Name,

Ireland

7. Mother's Birthplace,

8. Full Name of Father,

*John Concamer
Saloon Keeper*

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

122 Green St.

Remarks,

GIVEN NAME ADDED *12-17-53*

H.M.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be assessed to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

A. 6214

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 4th 1888
4. Place of Birth, (Street and Number) 509 Colman st.
5. Full Name of Mother, Isaac Goldman
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Charles Goldman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks

A few lines written immediately thereafter it shall become the duty of the person of birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

Name: August Fleischman

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Male

1st of Dec.

1140 Madison St.

Eva Fleischman

Schneider

Europe

Lawrence Fleischman

Toy Manufacturer

Europe

Sarah Cas

1022 Greenby

8215

Missing # A 8216- # A 8257
incl.

Missing #A 8216 - #A 8229, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 8730*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *December 13th 1888*
4. Place of Birth, (Street and Number) *A. Exeter st.*
5. Full Name of Mother, *Lena Harris*
6. Mother's Maiden Name, *" Buckner*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Heiman Harris*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Bernstein*
- Address, *1228. Exeter st.*
- Remarks,

[illegible]

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8 A8261

- Male
White
(ce) Decm 24th 1888
35 South Snodder St
Mary McGrow
" of Madison
Island
Philip McGrow
Machines
Island
Mr. Hunter
11 Pappettan St

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *A. 8232*
1. Sex (state whether male or female), *Female*
 2. Race or Color (if not of the white race), *Colored*
 3. Date of Birth, *14th of December 1888*
 4. Place of Birth (Street and Number), *65-8 Pine St*
 5. Full Name of Mother, *Josephine Williams*
 6. Mother's Maiden Name, *Josephine Middleton*
 7. Mother's Birthplace, *Washington DC.*
 8. Full Name of Father, *Dorsey Williams*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *West Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Francis Walker*
- Address, *643 Pine St*
- Remarks,

SECTION 1. - Every person who is present at a birth shall keep a true and correct record of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the parents, the name of the child, the date and hour of birth, the sex, color, the full name and occupation of the parents, the date and place of birth, and the date and hour of delivery, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of this person or persons of such child to report the birth to the Commissioner of Health, and to file a true and correct record of the same in the office of the Commissioner of Health, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child A 8233

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov 14 1888

4. Place of Birth (Street and Number),

No. 505 S. Collington Ave

5. Full Name of Mother,

Mary J. Miller

6. Mother's Maiden Name,

Mary J. Hendricks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Europ

Name of Medical Attendant, or other person who makes this Return.

Ellis Domen

Address,

2119 Canton Ave.

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, when they are under the Health-
 Registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health.
 This schedule shall contain a list of the names of the persons who shall be present at the birth, and shall be filled out
 and signed by the physician or practitioner of midwifery, or should no other person be present, by the mother or
 and the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule
 shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
 each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
 the attendance of a physician or practitioner of midwifery, or should no other person be present, by the mother or
 matter, immediately thereafter for the Registrar and within the period here required, and any such person or persons
 who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
 for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

67

A 82-35

- Atule

white rice.

December the 15th

4. *Place of Birth, (Street and Number)*

Baltimore Hughes St 231

5. *Full Name of Mother,*

unnie Healey

6. *Mother's Maiden Name,*

attorney

7. *Mother's Birthplace,*

inland

8. *Full Name of Father,*

patrick Gleady

9. *Father's Occupation,*

Robert

10. *Father's Birthplace,*

in bunch

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Latham

Address,

light 51 1512

1) *... ..*

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be filled out by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be numbered in accordance with the date of birth. It shall be the duty of the Registrar to have been conferred its sex, color, the full name of the child, the date and place of birth, and the social schedule shall be delivered, duly signed by the practitioner in the case of the birth of a first and third day of each and every month to the office of the Commissioner of Health. In the case of the birth of a child to report its birth to the Commissioner of Health, in the manner and with the period or intervals of such person or persons who shall hereafter fail to comply with the provisions of this section shall be assessed to the fine of ten (10) dollars, each of which is to be recovered.

29 1000

1/ Sex. (state whether male or female)

1/ Sex. (state whether male or ~~female~~)

2. (Race or Color, (if not of the white race)) White

3. Date of Birth, December 18th 1888

4. Place of Birth, (Street and Number) *Low St No 1121*

5. Full Name of Mother, *Henrietta Urban*

6. Mother's Maiden Name, Henrietta Schreiber.

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Martin Urban*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. *Mary E. Müller*

Address, N. Dallas St No 114⁰

Remarks, _____

Extract Regulations of the Health Department
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same in a book or books, to be furnished by the Commissioner of Health. This schedule shall be kept in a list of the births which have occurred under his or her care shall have month, and shall be as full as the name can be ascertained the full name of each child, and the sex, color, the full name and occupation of its parent or parents, the date of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance duly signed by the practitioner or practitioner of midwifery, or should so other persons shall attend upon the birth of any child, the practitioner or practitioner of midwifery, or should so other persons shall attend upon the birth of any child to report the birth to the Commissioner of Health. In the manner and within the time specified above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A. 8239*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *white race*
3. Date of Birth, *December the 16th*
4. Place of Birth, (Street and Number) *Baltimore Wyming St 210*
5. Full Name of Mother, *Mary Handley*
6. Mother's Maiden Name, *Mirr*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Edward Handley*
9. Father's Occupation, *labour*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Elizabeth Hallhorn*
or other person who makes this Return.
- Address, *light St 1514*
- Remarks,

SECTION 5.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, marked by the day, month, year, sex, color, the full name of the mother, and the full name of the father, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the father or mother shall become the duty of the person or persons of such attendance upon the mother, to immediately enter the same on a blank schedule, to be furnished by the Commissioner of Health, and to deliver the same to the office of the Commissioner of Health. In case the father or mother of any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 8240

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 16th 1888

4. Place of Birth, (Street and Number) 817. S. Green St

5. Full Name of Mother, Maria Truckor

6. Mother's Maiden Name, Maria Mauchtfleiner

7. Mother's Birthplace, Wien Nied-Ostleisch

8. Full Name of Father, Georg Truckor

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Wien Nied-Ostleisch

Name of Medical Attendant, or other person who makes this Return, Dr. B. B. Bangs

Address, 111 West

Remarks,

Section 5.—And he is further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule to be furnished by the Registrar of such birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should in any such case attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth* *A. 8241*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 16th*
4. Place of Birth, (Street and Number) *Balto. 1249 Columbia av*
5. Full Name of Mother, *Alice Nellingner*
6. Mother's Maiden Name, *Alice Tucker*
7. Mother's Birthplace, *Fredrick county M D.*
8. Full Name of Father, *Fredrick Nellingner*
9. Father's Occupation, *Car. Driver*
10. Father's Birthplace, *Balto M D.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Bangs*
- Address, *11 Cross St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 8242

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) white race

3. Date of Birth, December the 14th

4. Place of Birth, (Street and Number) Baltimore Wyoming Cove

5. Full Name of Mother, Mary E. Raftery

6. Mother's Maiden Name, Shinden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Raftery

9. Father's Occupation, laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathon

Address, Light St 1514

Remarks,

Baltimore under whose charge or superintendence birth shall hereafter take place, shall keep a true and correct register of the same, and shall cause to be printed and published a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, for the birth of any child occurring upon the mother, immediately thereafter it shall become the duty of the person or persons in charge to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

to the A. 8243

1. Sex, (State whether male or female)

for miles

2. Race or color, (if not of the white race)

white rice

3. *Date of Birth,*

December the 18th

4. *Place of Birth, (Street and Number)*

Baltimore William St 128

5. Full Name of Mother,

Elen Demetrian

6. *Mother's Maiden Name,*

father

7. *Mother's Birthplace,*...

isler me

8. *Full Name of Father,*

Peter Dinklage

9. *Father's Occupation,*

Calculus

10. *Father's Birthplace,*

in Larnel

Name of Medical Attendant, or other person who makes this Return.

Elizabeth H. Hawthorn

Address,

Light Lt 15124

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First **A.** 8244

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Boy
White

Dec 18th 1894
1327 Mulher
Clara E. Carter
Clara E. Ford
Baltimore
Geo W. Carter
Bricklayer
Baltimore

Name of Medical Allendant, or other person who makes this Return.

W. H. Morgan M.D.

Address,

212 Franklin St

Remarks,

more under a live character or circumstances a birth shall hereafter take place, shall keep a true and correct record of the birth, and shall file the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child have been born, the sex, color, the full name and occupation of the parents, the date and place of birth, and the day of the month and year of the birth, and the name of the physician or practitioner of medicine, or should no doctor person be in attendance upon the child, the name of the midwife, or should no midwife be in attendance upon the child, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision any child is born, shall, on or before the first day of January next ensuing, and on each anniversary thereof, file with the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the person attending the birth, and the name of the person or persons who shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 8247*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th Day of December, 1888*

4. Place of Birth, (Street and Number) *163 Washington Ave Baltimore*

5. Full Name of Mother, *Christina Rehnert*

6. Mother's Maiden Name, *Herman*

7. Mother's Birthplace, *163 Annapolis St, Baltimore*

8. Full Name of Father, *Daniel S. Rehnert*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Baumgardner*

Address, _____

Remarks, _____

Section 7. - And he it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall be required to file with the Registrar of Births and Deaths, a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each child shall be delivered, duly signed by the practitioner of midwifery. In case the birth of any child shall occur under the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH GIVEN NAME ADDED, 12/6/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: WILLIAM PALST

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

A. 8248

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 19, 1888

4. Place of Birth, (Street and Number) South P. 1118.

5. Full Name of Mother, Minna Pabst.

6. Mother's Maiden Name, Vahle

7. Mother's Birthplace, Germany.

8. Full Name of Father, Theodor Pabst

9. Father's Occupation, Box maker

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Alfred Benda

Address, 712 South P.

Remarks, _____

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

~~Race~~ or color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

5. *Bull Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

A. 8249

Y. C. 11. 11. 11.

1870

Dec. 20, 1888

734

My dear Sir,

Mary Kimmord

Ag. Hymenogon

...hingie

1900

... the ... of

1/11/1881

[illegible]

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as may be ascertained the full name of each child, if any shall have been born, the date of birth, the name of the mother, the name of the father, the place of birth, and the sex of the child. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person who shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the form of a certificate, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten or more dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Birth of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8/208

1. (state whether male or female)

2. Race color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

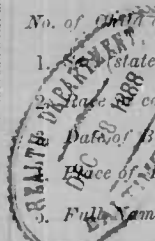
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Male
White
Aug. 26, 1888
923 Gay St.
Mary Ann Burns
Mary Ann Burns
Baltimore, Md.
Charles Burns
Laborer
Baltimore, Md.
Mary E. Higgins
Mary E. Higgins

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 82-57

Sex, (State whether male or female) female

Race or color, (if not of the white race) white race

Date of Birth, December the 21st 1881

Place of Birth, (Street and Number) Baltimore Clement St. 104

Full Name of Mother, Margaret Bald

Mother's Maiden Name, Cook

Mother's Birthplace, Baltimore

Full Name of Father, George Bald

Father's Occupation, labour

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hawthorn

Address, Light St 151st

Remarks, _____

more under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of
 er of such birth, and shall enter the name on the schedule to be furnished by the Commissioner of
 h. This schedule shall contain a list of all births which have occurred under his or her care during the
 h, and shall set forth as far as possible the full name and occupation of its parents, the date and place of birth, and
 conferred in sex, and delivered, duly signed by the practitioner in the form of a certificate, and
 d of each, and every month to the office of the Commissioner of Health, and no other person be in
 dence upon the attendance of a physician or practitioner of midwifery of the period above required, and
 to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
 such person or persons who shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable
 to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one A 8252

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

21 December

4. Place of Birth, (Street and Number)

1009 Stirling St

5. Full Name of Mother,

Annie Truff

6. Mother's Maiden Name,

Annie Webb

7. Mother's Birthplace,

Harford Co. Md

8. Full Name of Father,

Charles Truff

9. Father's Occupation,

Philadelphia Water

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

Elizabeth R. R. R.
807 Madison St

Address,

Remarks,

I will not pay, and, accordingly, my wife, or other person in charge, who shall receive, return, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A. 8253

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Oct. 21, 1911

4. Place of Birth, (Street and Number)

128 Chesapeake St.

5. Full Name of Mother,

Mary Baker

Mother's Maiden Name,

Mary Keller

6. Mother's Birthplace,

Germany

8. Full Name of Father,

John Meyer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary L. Hughes

Address,

128 Chesapeake St.

Remarks,

registers of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Vital Statistics. The schedule shall be filled out by the practitioner, and shall be delivered to the office of the Commissioner of Health, in case the birth of any child shall occur without the aid of a practitioner, or in case no other birth of such child shall occur within the period of one month after the date of the birth of such child to report its birth to the Commissioner of Health. In the event of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten or more dollars for each offense, and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the physician or practitioner of midwifery, or should no other person be in attendance at the birth, by the Commissioner of Health, in the manner and within the period of time prescribed by the schedule. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the birth shall be registered by the Commissioner of Health, in the manner and within the period of time prescribed by the schedule. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other ways and modes as are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st A. 8254
Female

White

22nd December 1888

1206 Ohio Avenue City

Annie Murphy

Annie Crowley

City Cork Ireland

Daniel Murphy

Hostler on B & O R R

City Cork Ireland

Wm. B. B. B.

711 D St

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct register of all births occurring in the City of Baltimore, and shall file the same with the Registrar of Births, and shall cause to be published in a blank schedule to be furnished by the Registrar, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and shall sign the certificate of birth, and shall file the same with the Registrar of Births, and shall secure without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 8255
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Dec.
4. Place of Birth, (Street and Number) Catapago St. 1226
5. Full Name of Mother, Annie Long
6. Mother's Maiden Name, Lizzie Wood
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Long
9. Father's Occupation, Boat maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. Bangs
- Address, _____
- Remarks, _____

SECTION 7.—And in it further enacted and modeled that every person practicing midwifery in the City of Baltimore and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be filed in the next and ensuing month, to the Commissioner of Health, who shall cause the same to be inrolled in the office of the Commissioner of Health, and shall thereupon the attendance of a physician or midwife, or should no physician or midwife be in attendance upon the mother, immediately thereafter to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* *A. 8255*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *22 Dec 1888*

4. Place of Birth, (Street and Number) *36 Church St*

5. Full Name of Mother, *Jennie Butler 18*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Joseph Butler*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *St Marys County Md.*

Name of Medical Attendant, or other Person who makes this Return *Mary Baker*

Address, *142 York St*

Remarks,

[illegible]

8257

1. State whether
2. Race Color
Date of Birth
Place of Birth
Place of Nat of
Mother Maiden

female

Date 1888 Birth 1888

Dec. 23. 88
233 Dallas. St.

Barbara Zeiler
" Parkent.

Balt. Ind.

Henry Seiler

Taylor

Germany

Caroline Miller

Baltic Road

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. 5238

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored.*

3. Date of Birth, *Dec 23rd 1888.*

4. Place of Birth, (Street and Number) *Mulberry St # 781*

5. Full Name of Mother, *Annice Campbell*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Georgetown, P. M., Co. V. A.*

8. Full Name of Father, *"*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return, *Nannie Castor*

Address, *10 Hamilton Street*

Remarks:

After of such birth, and shall enter the same on a list of the births which have occurred, under his or her care during the year. This schedule shall contain a list of the births which have occurred, under his or her care during the year. It shall be set forth as far as the same shall be ascertained, the full name of each child, its sex, color, race, date and place of birth, and the names of its parents, the date and place of birth of its mother, and the date and place of birth of its father. The schedule shall be delivered to the Registrar of Vital Statistics, Board of Health, on the first day of each and every year, and shall be kept on file in the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child occurs without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter, or as soon as possible, the person or persons who shall be present at the birth, and who shall be required to report the birth to the Registrar of Vital Statistics, Board of Health, shall be liable to the fine of ten (10) dollars for each child so reported.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex, color, name and occupation, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1888-7 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8257

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

DEC 23

4. Place of Birth, (Street and Number)

120 W. Montgomery St

5. Full Name of Mother,

Mrs. Mary E. Payne

6. Mother's Maiden Name,

Miss Mary E. Smith

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James E. Payne

9. Father's Occupation,

Water

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return.

Jarvis J. Wilson

Address,

115 - Hughes St

Remarks,

Mar

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth, A. 8260*
 1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *November 28th 1888.*
 4. Place of Birth, (Street and Number) *1133. Cross Street.*
 5. Full Name of Mother, *Margaret Wilhelmina Allison.*
 6. Mother's Maiden Name, *Margaret Wilhelmina Schell.*
 7. Mother's Birthplace, *Washington D.C.*
 8. Full Name of Father, *John Henry Allison.*
 9. Father's Occupation, *House Carpenter.*
 10. Father's Birthplace, *Fredricksburg Virginia*
 Name of Medical Attendant, or other person who makes this Return. *Mrd Bange*
 Address, *711 Cross St.*
 Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of all such births, and shall cause to be made up and filed in the office of the Registrar of Vital Statistics, a schedule containing a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if any shall have occurred, and the name and occupation of the physician or midwife, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child A 8262

1. Sex, (State whether male or female)

Little Girl

2. Race, A color, (if not of the white race)

White race

3. Date of Birth,

December 23rd 1888

4. Place of Birth, (Street and Number)

No 2116 west Fayette st

5. Full Name of Mother,

Mrs Johann

6. Mother's Maiden Name,

Miss Helma

7. Mother's Birthplace,

Born Baltimore, M.D.

8. Full Name of Father,

Mr Johann

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Hamt Harford County

Name of Medical Attendant, or other person who makes this Return.

Mrs Miller

Address,

2127 west Pratt st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name of the mother, the name of the child, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the office of which the birth of any child is reported, to the Registrar of Vital Statistics, within the period above required, and shall be subject to the inspection of any such person or persons who shall hereafter be appointed by the Board of Health, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A. 8263

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 24th 18

Philadelphia Pa

4. Place of Birth, (Street and Number)

McHenry St.

5. Full Name of Mother,

Mary Miller

6. Mother's Maiden Name,

Mary Johnson

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Sam H. Miller

9. Father's Occupation,

Bookster

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other person who makes this Return.

*D. B. Llewellyn M.D.
Pratt & Stricker Bldg.*

Address,

Remarks,

Section 2. And for the further enactment that any person who shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Registrar of Vital Statistics, under his or her care during the month, and shall ascertain the full name and occupation of its parents, the date and place of birth, and the sex, race or color, of the child, and shall file the same in the office of the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period or periods of such attendance as shall be directed by the Commissioner of Health, and shall report its birth to the Commissioner of Health, in the manner and within the period or periods of such attendance as shall be directed by the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTIONS 7.—And he, further enacted and ordained, that every person practicing midwifery in the City of Baltimore, giving any charge or superintendence a birth child hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a column of the date of the birth, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the following particulars:—The name of the mother, the name of the child, the sex of the child, the date of the birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, to the Commissioner of Health, on the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be present at the birth, the mother, immediately thereafter it shall become the duty of the person or persons so called to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to do so, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each day of neglect and refusal, and shall be liable to imprisonment in the City Jail for each day of such neglect and refusal.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
 Sex, (state whether male or female) Girl
 Race or Color, (if not of the white race) Colored
 Date of Birth, 25 November
 Place of Birth, (Street and Number) in: near of 914 Hill Street
 Full Name of Mother, Mary Maker 38 years of age
 Mother's Maiden Name, Palmer
 Mother's Birthplace, Accomac Va
 Full Name of Father, Benjamin Maker 34 years of age
 Father's Occupation, Sapping Man
 Father's Birthplace, Calvert County Md
 Name of Medical Attendant, or other Person who makes this Return, Mary Maker
 Address, 142 York St
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

§ 100.17. And he it further enacted and ordained that every person who shall keep a live and correct Baltimore yard, who is charged or apprehended with shall forfeit to the city the sum of one hundred dollars. And he it further enacted and ordained that every person who shall keep a live and correct Baltimore yard, who is charged or apprehended with shall forfeit to the city the sum of one hundred dollars. And he it further enacted and ordained that every person who shall keep a live and correct Baltimore yard, who is charged or apprehended with shall forfeit to the city the sum of one hundred dollars.

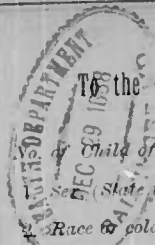
Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which shall be registered, and shall be filled up during the month, and shall set forth as follows: the name and address of the mother, the date and place of birth, and the sex, color, and occupation of the parents, the date and place of birth, and the name of the physician or practitioner of midwifery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons who shall attend upon the mother, immediately after the birth, shall report the same to the Registrar of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable by the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 8268
2. Sex, (State whether male or female) female
3. Race or color, (if not of the white race) white race
4. Date of Birth, December the 25th
5. Place of Birth, (Street and Number) Baltimore fort at 406
6. Full Name of Mother, Germina Bueckheit
7. Mother's Maiden Name, Harward
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Michael Bueckheit
10. Father's Occupation, labour
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, (or other person who makes this Return.) Elizabeth Hawthorn
13. Address, Light st 1514
14. Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing medicine in Baltimore under whose charge or supervision the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, month, day of each and every month to the Commissioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attend upon the mother, immediately thereafter, it is the duty of the person so attending, to report the birth of such child to report the birth in the manner and within the period above required, and to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8269

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
2. Sex (state whether male or female) Male
3. Race & color, (if not of the white race) colored
4. Date of Birth, Born on 25 December
5. Place of Birth, (Street and Number) Iceland st 713
6. Full Name of Mother, Mary Tyler
7. Mother's Maiden Name, Mary Queen
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Chris Tyler
10. Father's Occupation, ogstr. Shucker
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. annie carson
13. Address, Stockholm st 841
14. Remarks, Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

one A. 8270

Male

Color

15 December

805 Union AL

Delia Wright

Delia Wright

Harford Co MD

Thomas Webb

Labor

Baltimore

Elizabeth Scrymgeour

807 Madison St.

Baltimore—and be of further consequence to the State of Maryland. Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the mother and of the child, the date of the birth, the month, and shall set forth as far as the name can be ascertained, the name of the father, and shall also have been conferred with the full name and sex of the child, and the date and place of the birth; and the child shall be named and registered by the father, or in his absence by the mother, within the first ten days of each and every month to the date of the Commissioner's next meeting. If the father and the mother shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the father or the mother, or the physician or practitioner, shall report to his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, and such fine shall be recoverable as other fines, and such forfeitures shall be recoverable.

A8271

Thos Child **A82;**

- The Local Area 1888
 No 9th E. Middle
 E. M. M. Laph
 E. M. M. Laph
 Baltimore
 Bernard Laph
 Driver
 Baltimore
 Mrs. C. L. Laph
 No 1059 N. 10th St
 Bal Md
 1888

Mrs. C. L. Lauer

10.59 - Vagabond

Bal 1888

SECTION 1.—And be it further enacted and ordained that every person attending to the duties of the Registrar of Health, shall keep a true and correct record of every birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the mother, the name of the child, the date of birth, the place of birth, and the sex of the child, and shall be delivered, duly signed by the Registrar, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons if such child be reported to be born to the Commissioner of Health. In the case of a birth reported to the Commissioner of Health, and which is not reported to the Commissioner of Health, the Registrar shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures, are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 8272
 Sex (state whether male or female), female
 Race or Color (if not of the white race), white
 Date of Birth, 26 Dec
 Place of Birth (Street and Number), 907. Hollen St
 Full Name of Mother, Mamie Drenenburg
 Mother's Maiden Name, Mamie Drenenburg
 Mother's Birthplace, Baltimore
 Full Name of Father, Albert Schult
 Father's Occupation, cigar maker
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. P. Gink 730
 Address, Hollen St
 Remarks, Seven months.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child* *8273*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 27th*

4. Place of Birth, (Street and Number) *4011 Centerd. av.*

5. Full Name of Mother, *Charlotte Babber Giles*

6. Mother's Maiden Name, *Charlotte = Jackson*

7. Mother's Birthplace, *Baltimore M.D.*

8. Full Name of Father, *Stephen Henry Giles*

9. Father's Occupation, *fish. Dealer.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *308*

Address, *Darkey Tomblin 308 Chesnut st*

Remarks,

Section 7. And the returning officer, in the case of a birth, shall take place, shall keep a true and correct register of such birth, and shall enter a list of the same in a book to be provided for that purpose, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the mother, the date and place of birth, and the day of the month in which the birth occurred, and shall sign the certificate of birth, and shall deliver the same to the office of the Commissioner of Health, or to the physician or practitioner of midwifery or to the nurse, in the case of the birth of any child, and shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A 8274
The 4 Child
Female
White

The 27 of Dec 1888

No. 1116 Egon St

Theresa Fritz

Theresa Reppin

Baltimore

James M. Long

Carpenter

Balti

Mrs. Sauer

No 1059 Maryland Ave

Balti

Ind 1888

Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such births, and shall cause to be made up and returned to the Registrar of Vital Statistics, Baltimore City, a true and correct copy of the same, in the form and to the effect hereinafter set forth, at the expiration of each month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Registrar, to the Registrar of Vital Statistics, Baltimore City, on the third day of each and every month, to be kept on file in the office of the Registrar of Vital Statistics, Baltimore City, and shall remain upon the mother, immediately thereafter, until the mother or parent of such child shall report its birth to the Registrar of Vital Statistics, Baltimore City, and shall be subject to the provisions of the Act in that behalf made, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as in and by the said Act and its amendments are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

First Child

Male A. 8276

White

December 2nd

1165 Washington Ave Balt. 19

Dora Annie Kenney

Dora Annie Russell

Baltimore M.D.

William James Kenney

Glass Blowing

Baltimore M.D.

Abra Bunge

712 E. 2nd St

Register of such births shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics on the third day of each month, and shall be filed in the office of the Registrar. The birth of any child attended upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons be in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioners of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived in sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, and shall be filed in the office of the Commissioner of Health. The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First *A. 8276*
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 5th of December
5. *Place of Birth, (Street and Number)* Baltimore *Myeth St 687*
6. *Full Name of Mother,* Anna Riley
7. *Mother's Maiden Name,* Anna Oliver
8. *Mother's Birthplace,* E. Baltimore City
9. *Full Name of Father,* William Clarence Riley
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Brooklyn Wld.
12. *Name of Medical Attendant, or other person who makes this Return,* Mrs. Benz
13. *Address,* 711 Corvado St
14. *Remarks,*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* A-271
 1. Sex (state whether male or female), *Female*
 2. Race or Color (if not of the white race), *White*
 3. Date of Birth, *December 4th 88*
 4. Place of Birth (Street and Number), *2030 Mayr St*
 5. Full Name of Mother, *Mary A. Rodgers Norris*
 6. ~~Mother's~~ Maiden Name,
 7. Mother's Birthplace, *Cumberland Ind*
 8. Full Name of Father, *Daniel A. Rodgers Norris*
 9. Father's Occupation, *Bricklayer*
 10. Father's Birthplace, *Baltimore Ind.*
 Name of Medical Attendant, or other person who makes this Return, *James A. Morrow*
 Address, *1439 E. Gayette St*
 Remarks, *Name of Child Drene M. Rodgers*

Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person who shall become the duty of the person of parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8278

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 December
4. Place of Birth, (Street and Number) 1142 Low St
5. Full Name of Mother, Katie Brady
6. Mother's Maiden Name, " Wenzel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Brady
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Mr. Rose M. Briggs
1302 Scotland St.

Address, 302 Holland II

Remarks.

4-2-54
To the Office of Registrar of vital Statistics, Board of Health, Baltimore City.

A. 8279

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) German

3. Date of Birth, 4 December, 1888

4. Place of Birth, (Street and Number) *Texas St. 433. Eden W.*

5. Full Name of Mother, Sarah Eldermill

6. Mother's Maiden Name, Froehlich

7. Mother's Birthplace, *Europe*

8. Full Name of Father, Nathan Goldsmith

9. Father's Occupation, Provision Store

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

REC 29 100

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

A. 8280

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 Dec.
4. Place of Birth, (Street and Number) 518 Short St
5. Full Name of Mother, Frances Fisher
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Fisher
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Elling

Address,

1302 Holland St

Remarks,

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or other person in attendance shall file in the birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5" Chica A. 8286

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3- Date of Birth,

Dec. 9/88

4. Place of Birth (Street and Number),

1744 East av.

5. Full Name of Mother,

Minnie C. Raab

6. *Mother's Maiden Name,*

" " Kutz

7. *Mother's Birthplace,*

Wald. cit.

8. Full Name of Father,

Geo. Raub

9. Father's Occupation,

Tailor

10. Father's Birthplace,

German

Name of Medical Attendant, or other person who makes this Return.

Rev. Mansfield M. D.

Address,

129 S Broadway

Remarks,

[illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 6283

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 12th 1898

4. Place of Birth, (Street and Number) No 10 N. High St

5. Full Name of Mother, Minnie Mulligan

6. Mother's Maiden Name, Minnie Houck

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John J. Mulligan

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return John J. Wampler, M.D.

Address. No 330 N. Charles St

Remarks, _____

register of such birth, and shall after the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the particulars of the birth, as far as the same can be ascertained, the full name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and second attendances upon the mother, immediately thereafter, it shall become the duty of the practitioner to report the birth of any child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother or other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother or other person to report the birth of any child to the office of the Commissioner of Health. In the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten or twenty dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

DEC 29 1898

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

A. 8284

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 14 Dec.

4. Place of Birth, (Street and Number) 226 S. Caroline St

5. Full Name of Mother, Eva Wolff

6. Mother's Maiden Name, Morris

7. Mother's Birthplace, Balto.

8. Full Name of Father, Julius Wolff

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Rosa Albright

Address,

1302 Holland

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 8285

2. Race or Color, (if not of the white race) white

4. Place of Birth, (Street and Number) 922 Chase St

5. Full Name of Mother, Carrie Krustenstein

6. Mother's Maiden Name, Distheart

7. Mother's Birthplace, Ba. Mo.

8. Full Name of Father, *Glennice Breitenstein*

3. Father's Occupation, Book keeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. -

Address,

Remarks,

Mrs Rose Ulrey
302 Holland St

Birth certificate, under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This certificate shall contain a list of the births which have occurred during the month, and shall set forth as far as possible the full name of each child, if any shall have been christened, the date and place of birth, and the sex of the child. It shall also contain a full name and occupation of its parents, the date and place of birth of the child, and the date of its christening. It shall be delivered, duly signed by the Registrar, to the parent or person in whose household the birth shall occur, and every month to the office of the Registrar. It shall be the duty of the parent or person in whose household the birth shall occur to produce the certificate to the Registrar, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered in the same manner as other penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8286

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 16, 1858

4. Place of Birth, (Street and Number)

1737 E. Lombard St. Baltimore

5. Full Name of Mother,

Mrs. Catherine Crawford

6. Mother's Maiden Name,

Miss Catherine Crawford

7. Mother's Birthplace,

York, England

8. Full Name of Father,

Thomas, Baker

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Mass. U. S.

Name of Medical Attendant, or other person who makes this return.

G. G. Clark M.D.

Address,

2000 E. Ball St.

Remarks,

Natural Delivery

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A. 8287

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1st 1888 at 11.40 P.M.

4. Place of Birth, (Street and Number) 918 N. Eutaw St.

5. Full Name of Mother, Lucy Banks

6. Mother's Maiden Name, Lucy Holmes

7. Mother's Birthplace, New & Free's Co Va

8. Full Name of Father, Thos Holmes

9. Father's Occupation, Boat Steer six weeks ago

10. Father's Birthplace, Rock Co Va

Name of Medical Attendant, or other Person who makes this Return C. H. Keyser, M.D.

Address, 310 W. Madison St. Balt & Md

Remarks, _____

exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; the sex, color, the full name and occupation of its parents, the day and place of birth, the date of its death, if it shall die within the month, the date of its burial, and the place of burial. The schedule shall be delivered, fully filled, by the practitioner, in the form of a placemate, to the Registrar of Vital Statistics, at the office of the Board of Health, on or before the first day of the month following the month in which the birth of any child shall occur without the attendance of a physician, or on a physician's certificate, if it shall be so certified, in the case of a birth attended by a physician, and the same shall be subject to a fine of ten dollars for each offense, to be recovered as provided by law, and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Good child A 8288

Female

White

2) th December 1888

18 H. Greene at

Linal Schraf

Lina Penders

Baltimore

Chas. E. Schanz

Russian

Baltimore

Edison, Henry

Return. 23 110 Pappalatten St

Address,

Remarks,

[illegible]

[illegible]

Name - Michael McCullough

3d, &c.) 1 A. 6290
Mast.

- 2 *Race or color, (if not of the white race)*

3. Date of Birth,

4 Place of Birth, (Street and Number)

6. *Full Name of Mother.*

64 Mother's Maiden Name,

7. *Mother's Birthplace*, . . .

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

December 21 1888

number) 704 Bruce St
Annie McCallough
Carmichael

island
(Thomas) & McCollough

Hastings
County, South Ireland
Lynn, Ireland

23 *cf. Buprestis*

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. It shall be filled out by the physician or midwife, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and shall be made available to the public. The schedule shall be filled out by the physician or midwife, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and shall be made available to the public. The schedule shall be filled out by the physician or midwife, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and shall be made available to the public.

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. It shall be filled out by the physician or midwife, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and the same shall be made available to the public. The schedule shall be filled out by the physician or midwife, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and the same shall be made available to the public. The schedule shall be filled out by the physician or midwife, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and the same shall be made available to the public.

6 Child **A.** 8291
Female.

Female

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Dec 32 — 1888.
406 Stockholmen st.
Emilie Maerz.
Fetzer.
America.
John Maerz.
Glass-blower.
America.
Lohwasser Midwife.
32 Kanover st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or born alive, full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

DEC 29 1888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Dec 24
 4. Place of Birth (Street and Number) 1605 Edmondson Ave
 5. Full Name of Mother Eli Rebecca Willis
 6. Mother's Maiden Name Elizabeth Rebecca Dealey
 7. Mother's Birthplace Hagerstown Md
 8. Full Name of Father Charles Fountain Willis
 9. Father's Occupation Merchant
 10. Father's Birthplace Denton Md

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

A. 8292

Robert K. Kneass
1200 W Fayette St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 8293

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Dec 24 1888

4. Place of Birth, (Street and Number) Hooker St 1112

5. Full Name of Mother, Mary Eberling

6. Mother's Maiden Name, Mary Gilbert

7. Mother's Birthplace, Germany

8. Full Name of Father, George Eberling

9. Father's Occupation, Labr

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mr. Etzel

Address, No 1619

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8294

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 Dec.

4. Place of Birth, (Street and Number) 1000 E. Monument St

5. Full Name of Mother, Katie Heck

6. Mother's Maiden Name, Kriedler

7. Mother's Birthplace, Europe

8. Full Name of Father, John Heck

9. Father's Occupation, Produce dealer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Hlbig

Address, 302 Holland St

Remarks,

1888
The Registrar of Births and Deaths shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the full name and occupation of the parents, the date and place of birth, the sex, color, and shall set forth as far as the name can be ascertained the full name and occupation of the mother. The schedule shall be delivered, duly signed by the Commissioner of Health, in the form of a certificate between the first and second day of each and every month to the office of the Registrar of Births and Deaths. In case the birth of any child shall occur on the first day of a month, the Registrar of Births and Deaths shall enter the name of the child, the name of the mother, and the name of the father, and shall report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible]

477

A. 8295

- Female

- White

- December 24 1855

- Fall 1848

- Palma Whistling nourse*

- Sacra Gang

- Summa

- Ludwig Whistlinghausen.

- Bicksmith

- Leontide*

or other person who
makes this Return, --

Now 6th St
No 1619 Cuba St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2 Race or color, (if not of the white race)

8. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.* —

8. *Full Name of Father,*

9. *Parker's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

A. 8291

H. 8-29
 Spruella
 White
 Dec 24/1855
 1703 Harrison St
 America
 Schilling
 Baltimore
 Robt L Hall
 Club
 Baltimore
 Charles S.

[illegible]

[illegible]

L. FLY & CO., ITS PRINT-PO AND STATIONERS.

6th A. Engg

Female

Dec 24. 88

1508 Mosler St

Ида Мачино И-

„Wunderlich“

Germany

Geo. J. Kocnadl-

Baker

Germany

or other Person who
makes this Return

or other Person who
makes this Return

1002 J. M. Hendley
Edmondson and

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

11812 Child **A** 298
Two Male's.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 24. 1888.

4. Place of Birth, (Street and Number)

626 Conaway st.

5. Full Name of Mother,

Lizzie Hoff

6. Mother's Maiden Name,

Knickermann.

7. Mother's Birthplace,

America.

8. Full Name of Father,

August Hoff.

9. Father's Occupation,

Police-officer.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Lohwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

Register of such birth, and shall enter the same on a birth certificate, containing a list of the birth which have occurred under his or her care during the year, and shall forward the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of January following. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall confer the birth certificate, containing a list of the birth which have occurred under his or her care during the year, and shall forward the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of January following. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall confer the birth certificate, containing a list of the birth which have occurred under his or her care during the year, and shall forward the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of January following.

registrar of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain a list of the persons who attended the birth, and the date of the third day of each, and every month to which the child shall be brought, and the date of its registration. It shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health, and shall be subject to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8299

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 24, 1888

4. Place of Birth, (Street and Number)

199 Warran Ave

5. Full Name of Mother,

Sadie A Marshall

6. Mother's Maiden Name,

" " Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm J Marshall

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Ira

Name of Medical Attendant, or other person who makes this Return

Wardlaw C. C. C. C.

Address,

914 N. Charles

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

10

A. 8300

1. Sex, (state whether male or female) *female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Dec 25 1888*
 4. Place of Birth, (Street and Number) *2819. Western Avenue*
 5. Full Name of Mother, *Mary E Brown*
 6. Mother's Maiden Name, *Mary E Whitman*
 7. Mother's Birthplace, *Baltimore city*
 8. Full Name of Father, *Julius Brown*
 9. Father's Occupation, *hatch maker*
 10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other person who makes this Return *Mary Conner*

Address, 424 Fulton Park Avenue

Remarks.

Quin

Name: Bessiehang

4th

A. 6301

- Female
White

December 25 1888

Hull St. 1331

Comm. (Gang) hang

Ernest ~~Cyprus~~ Albom

Baltimore

William (~~Phillips~~) (~~Farrington~~) Lang

Patern Baker

Baltimore

Mr. Otter,

Person who is Return. Mr. J. E. Gussard

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

A. 8302

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 25

4. Place of Birth, (Street and Number)

Baltimore Independent 362

5. Full Name of Mother,

Bridget Cain

6. Mother's Maiden Name,

Bridget Carroll

7. Mother's Birthplace,

England

8. Full Name of Father,

Barnes Cain

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Mrs. E. H. H.

Address,

1617 E. 1st St.

Remarks,

of such birth, and shall enter the same on a return, scheduled to be furnished by the Registrar of Health. This schedule shall contain a list of the birth, which have been registered, and shall set forth as far as the same can be ascertained, the full name of the mother, the date of birth, and the place of birth, and the sex of the child, and the name of the medical attendant, and the name of the person who makes this return. The Registrar of Health shall confer with the Registrar of Vital Statistics, Board of Health, Baltimore City, on the first and third day of each and every month in the office of the Registrar of Health. An entry of the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter, and the birth of the child shall be recorded, and the name of any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of its parents, the date and place of its birth, the day on which it was born, and the name of the physician or practitioner of the law, or of the midwife, or of any other person, who attended at its birth, and the name of the person or persons who shall hereafter call to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 83013

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 23 - 1888

4. Place of Birth, (Street and Number) 1304 E. Eager St.

5. Full Name of Mother, Carrie Lehner

6. Mother's Maiden Name, Carrie Scholl

7. Mother's Birthplace, City

8. Full Name of Father, John Lehner

9. Father's Occupation, Wood Engraver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Edwin B. Fenby, M.D.

Address, 1201 N. Eden St.

Remarks,

[illegible][illegible]

5 White **A.** 8304
Male.

Male.

Male.

Dec 25 — 1888.

10 Hill St.

Gennie Louvin.

Fiber:

Russia:

Israel Savvin.

Gay
Lore-keeper.

Russia.

who *J. Lohwasser. Midwife.*
urn.

1032 Harver St.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred sex, color, the full name and occupation of its parents, the date and place of birth, and the date of registration. The schedule shall be filled out by the Registrar of Births, and shall be filed in the office of the Commissioner of Health. The Registrar of Births shall be present at the first and third day of each and every month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and shall be subject to the penalty of a fine of not more than \$100, to be recovered in the usual manner. This section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in the usual manner.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 8405

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Dec.

4. Place of Birth, (Street and Number) 304 N. Eden St

5. Full Name of Mother, Jennie Litchfield

6. Mother's Maiden Name, Rowland

7. Mother's Birthplace, Balto.

8. Full Name of Father, Willie Litchfield

9. Father's Occupation, Laborer

10. Father's Birthplace, George Litchfield

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Allbig

Address, 302 Holland St

Remarks,

[illegible]

No. 6
1. 5
2. 1
3. 1
4. 1
5. 1

1. Sex, (
2. Race
3. Date
4. Place

Male

white

Dec 26 1888

S.S. Car Mount & Baker 22

Slya J. Hall

Lithis

that fine Vermont

Frank W. Hall

Clerk - Bradstreet Agency.

Lowell Mass.

Harvey Hill Rd

JOY Schuyler Lane

Remarks,

rights. This decision shall contain the name of the birth, which has been assigned on the day of the child's birth, and shall set forth as far as the name can be ascertained the full name of each child, the date and place of birth, and the sex, color, the full name and occupation of the parent, the date and place of birth, and the name of the child, of each and every month, and shall be forwarded to the office of the Commissioner of Health, in case the birth of a first child shall occur without the attendance of a physician or practitioner of midwifery, and in case the birth of a second or subsequent child shall occur without the attendance of a physician or practitioner of midwifery, and the person or persons of such attendance shall be forthwith to the Commissioner of Health, in the manner and under the penalty provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars or such other penalty, to be recovered as other fines and forfeitures are recoverable.

rights. This declaration shall contain the name of the birth, which has been assigned on the day of the child's birth, and shall set forth as far as the name can be ascertained the full name of each child, the date and place of birth, and the sex, color, the full name and occupation of the parent, the date and place of birth, and the date and place of birth of any of each and every month to the office of the Commissioner of Health. In case the birth of a first child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons of such attendance shall be required to immediately certify the same to the nearest health officer, and the person or persons so certifying shall be held to the same consequences of truthfulness in the manner and under the penalties provided in this section. All the said any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars as each offense, to be recovered as other fines and forfeitures are recoverable in law.

7. Child 1407
Male.

- Dec 26 — 1888.
1606 Marshall Av.
Maryha Bratten.
London.
America.
James Bratten.
Engineer.
America.
Schwaser Midwife.
32 Hanover st.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 Child A. 8403
Male.

Male.

Male.

Male.

Dec 26 — 1888.

313 Hanover st

Bertha German

• Sommer

Germany

John G. Gohrman.

Taylor

Kissa

1. L. L. was 1800. Midwife?

1032 Hanover st.

1032, Hanover st.

This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by the Registrar of Vital Statistics, or by the physician or other person who has attended the birth, and shall be filed in the office of the Registrar of Vital Statistics, and shall be subject to the inspection of the public, and any such person who shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 child A. 8409*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *27 Dec*

4. Place of Birth, (Street and Number) *facrat st 1206*

5. Full Name of Mother, *Welhalmena faber*

6. Mother's Maiden Name, *Welhalmena Whybark*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Peter Faber*

9. Father's Occupation, *Preacher*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Schumann*

Address, *327 South Bond*

Remarks, *Alfred Schumann*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

A. 8410

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 27
4. Place of Birth, (Street and Number) 512 Green St
5. Full Name of Mother, Kate Carton
6. Mother's Maiden Name, Kate Gallagher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Carton
9. Father's Occupation, Glass Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Seeligonda St

Remarks, 64 So Race St

Health. This schedule shall contain a list of the births which have occurred under the care of the Board of Health during the month, and shall set forth as follows: the full name of the child, if any, shall have been conferred; its sex, color, the full name of the mother, the date of birth, and the occupation of the father; the day of the month, the year, and the place of birth; and the name of the physician or midwife attending the birth. In case the birth of any child shall occur without the attendance upon the mother, the Commissioner of Health shall require the physician or midwife to report its birth to the Commissioner of Health, and to file a copy of the report with the Registrar of Vital Statistics, within the period of ten days after the birth. Any person who shall neglect to do so shall be liable to a fine of ten dollars for each child, and the cost of the certificate of birth shall be recoverable.

DEC 31 1889

[illegible]

55

- Wiederholungs- und Nachklausuren

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its birth, and shall also contain a certificate between the first and third day of each and every month, to the effect that the Commissioner of Health, or his assistant, or any other person authorized by him, has attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A 8412

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 28 Dec

4. Place of Birth, (Street and Number) 1137 McEldery St

5. Full Name of Mother, Annie Goldstein

6. Mother's Maiden Name, " Fried

7. Mother's Birthplace, Europe

8. Full Name of Father, Jacob Goldstein

9. Father's Occupation, Taylor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Albright

Address,

1302 Scotland St

Remarks,

[illegible]

8. 10. 1901

A. 8413

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 Dec.
4. Place of Birth, (Street and Number) 1029 Somerset St
5. Full Name of Mother, Theresa Kruse
6. Mother's Maiden Name, " Sladung
7. Mother's Birthplace, Balto.
8. Full Name of Father, Albert Kruse
9. Father's Occupation, Cook
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs Rose Allig
1802 Holl and St

register of such birth, and shall enter the name of a child, which is to be registered by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of registration. It shall also contain a list of the names of the persons who attended the birth of any child, and the date of each and every month, in the office of the Commissioner of Health, or in the office of any other person, who shall occur without the attendance of a physician or practitioner of medicine, or who shall be attended by any child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child A. 8414

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 29 1888.

4. Place of Birth, (Street and Number)

104 5 Sharp st.

5. Full Name of Mother,

Mary F. Furst.

6. Mother's Maiden Name,

Dotter.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Ernest Furst.

9. Father's Occupation,

Engineer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4th)* *A. 8415*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 29th 1888*
4. Place of Birth (Street and Number) *1620 W. Fayette Street*
5. Full Name of Mother *Mary Louisa Nolan*
6. Mother's Maiden Name *" " Barrett*
7. Mother's Birthplace *Philadelphia, Pa.*
8. Full Name of Father *A. W. Nolan*
9. Father's Occupation *Manager, Balt. Steam Export Co.*
10. Father's Birthplace *Philadelphia, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles G. G. M.D.*
- Address *1220 W. Lexington St.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child A. 8/4/16
Female.

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Dec 29 1888.

Place of Birth, (Street and Number)

1209 Leadenhall st.

Full Name of Mother,

Mary Tapp.

Mother's Maiden Name,

Gerhard.

Mother's Birthplace,

America.

Full Name of Father,

James Tapp.

Father's Occupation,

Laborer.

Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

REG-3 1138
The Registrar of Births and Deaths shall receive and file a list of the births which have occurred within his or her jurisdiction during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall sign the certificate in the form of a certificate between the first and third day of each and every month to the officers of the Commissioner of Health. In case the birth of any child shall occur within the month, and the child be born illegitimate, and no other person be in a position to report its birth to the Commissioner of Health, in the month and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered by the Commissioner of Health.

RETURN OF A DECEASED
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) 10-10

3. Date of Birth.

Place of Birth, (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation,*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th + (twin) ⁸⁶¹⁸

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 29th

4. Place of Birth, (Street and Number)

1148 Myrtle ave.

5. Full Name of Mother,

Lydian S. Hartman

6. Mother's Maiden Name,

Wiman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Hartman

9. Father's Occupation,

Iron moulder

10. Father's Birthplace,

Indiana

Name of Medical Attendant, or other Person who makes this Return.

Silas Baltimore

Address,

632 Decatur st.

Remarks,

under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and correct record of the birth, and shall be filed in the office of the Commissioner of Health. The full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, only, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or registered midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to be in attendance upon the mother, to cause the same to be recorded in the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth & (twine) A 8318 $\frac{1}{2}$

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 29th 1888
4. Place of Birth, (Street and Number) 1148 Myrtle av. Ballt.
5. Full Name of Mother, Lidia F. Hartman
6. Mother's Maiden Name, " " Weimar
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hartman
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Indiana

Name of Medical Attendant, or other Person who makes this Return.

Silas Baldwin Jr.

Address,

639 rue plume st.

Remarks,

[illegible][illegible]

15. A. 5320

Onals

White

December 29. 1888

585 Mr. Mechem to

Mary E. Bailey

The above

Baltimore lecty

Thomas F Bailey

Е. Г. Чист

Bactrimus leuc.

Marbury Brewster

1106 The Cannon Street

Remarks,

That any physician, accoucheur, midwife, or other person in-charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A. 8821

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 29

4. Place of Birth (Street and Number)

1042 W Lombard

5. Full Name of Mother

Annie M Fowles

6. Mother's Maiden Name

Annie M. Hines

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W J Fowles

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Robt K Kuehn M.D.

Address

1205 W Fayette St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Margaret Initia Tucker*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

8322
A. *(222)*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec 29 - 1888*

4. Place of Birth, (Street and Number) *S. W. Cor. Tucker & Mosher St*

5. Full Name of Mother *Mary Ann Tucker*

6. Mother's Maiden Name *Adams*

7. Mother's Birthplace *Balti*

8. Full Name of Father *Morris Tucker*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Balti*

Name of Medical Attendant, or other person who makes this Return. *John Keff*

Address *701 N. Franklin St*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2nd A 323*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 27 1888*

4. Place of Birth, (Street and Number) *1325 Myrtle Avenue*

5. Full Name of Mother, *Barrie Feile*

6. Mother's Maiden Name, *Barrie Winters*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Feile*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Anna Thompson*

Address, *1507 Pennsylvania Ave*

Remarks,

This form shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name of each child, if any shall have been conferred, the sex, color, the full name of the parents, the date and place of birth, and the date of registration. It shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attend to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and penalties recoverable.

CERTIFICATE CORRECTED 6-24-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Balthasar-Lauer,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First at **A** 8324

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 30th 1880
4. Place of Birth, (Street and Number) 1307 Stockton Street
5. Full Name of Mother, Katie Lauer
6. Mother's Maiden Name, Katie — Born
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Lauer
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

0 Mrs. Emma Merrill
1502 Pennsylvania Avenue

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female

White

Dec. 30th 1888

1123, Wash. Ave

Maggie E. Barry

Cananagh

Baltimore City

John Barry

Laborer

Balt City

Thos. J. McCormick M.D.

1421 Euter Place

A. 6325

[illegible]

No. of Child
1. Sex, (state
Race or C
3. Date of
4. Place of
5. Full Nam
6. Mother's

- Mr. Roswell
1302 St. Clair

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the midwife, and shall be delivered to the Commissioner of Health, on the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th A. 8327

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December 31st

4. Place of Birth, (Street and Number)

Baltimore 706 Astor St

5. Full Name of Mother,

Emma M. Mitchell

6. Mother's Maiden Name,

Emma A. Wonders

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John T. Mitchell

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bange

Address,

711 Cross St

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

This schedule shall contain a list of the births which have occurred under his act during the month, and shall set forth so far as the same can be ascertained the full name of each child, its sex, its date of birth, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an older person be in attendance upon the birth of a child, the parents or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8329
1-2-9

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *31st of December*
4. Place of Birth (Street and Number), *425 Piloski St*
5. Full Name of Mother, *George Coplin*
6. Mother's Maiden Name, *George Carr*
7. Mother's Birthplace, *Pole*
8. Full Name of Father, *Eliza Coplin*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Pole*

Name of Medical Attendant, or other person who makes this Return, *Friederick Bender Midwife*

Address, *2116 West Pratt St*

Remarks,

[illegible]

Wm. J. C. McLAUGHLIN & CO., CITY PRINTERS AND STATIONERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Rice or color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant.

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her name during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second schedule above mentioned, to the Commissioner of Health. If the birth of any child is reported to the Commissioner of Health, and the practitioner fails to deliver to him the schedule above mentioned, or shall occur without the attendance of a physician or practitioner of midwifery or about the birth of such child, the Commissioner of Health, immediately thereafter, it shall become the duty of the person or persons attending upon the mother, immediately thereafter, in the manner and within the period above required, and such child to report its birth to the Commissioner of Health. In the event that any person or persons, without any such person or persons, shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office
No. of Child of Mother
1 Sex, (State whether

- 1.51. A. 8332

female

White.

December 29. 2

2239. Landerer No.

Revised Mittel

Louisiana Poll

Baltimore

George Pittel.

6 Conf. Edition ar.

Baltimore.

Auguste Bozien.

927 South: Liberty St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) " 4 " A. 8333

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 2^d Decr 1888

4. Place of Birth, (Street and Number) 825 Walnut St.

5. Full Name of Mother, Anna Dahlmor

6. Mother's Maiden Name, " Reinhardt

7. Mother's Birthplace, Germany (Bremen)

8. Full Name of Father, Fred. Dahlmor.

9. Father's Occupation, Baker

10. Father's Birthplace, Germany (Knielingen)

Name of Medical Attendant, or other person who makes this Return, Christiana W. M. M. M.

Address, 800 Sea den hall St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, duly signed by the practitioner in the form of a certificate between the first and third day of each month, and shall be forwarded to the office of the Commissioner of Health, in case the birth of any child occurs within the month of the year, and shall be retained by the medical attendant until the day of the birth of the child to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A. 8334

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

December 2 / 88

Place of Birth, (Street and Number)

20 E. Cor of Leadenhall & Montague St.

Full Name of Mother,

Elisabeth Mecklenroth

Mother's Maiden Name,

Do Hubfeld

Mother's Birthplace,

Europe

Full Name of Father,

Adolf Mecklenroth

Father's Occupation,

Black-smith

Father's Birthplace,

Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. Knick

Address,

Cor of Leadenhall & Montague St.

Remarks,

All in good health

Register of such birth, and shall enter the name of the child, the name of the mother, the name of the father, the name of the child, if any shall have been conferred, its sex, color, the full name and occupation of its mother, the name of the physician or practitioner of health, in case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance, it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, and to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

A. 8325

1. Sex (State whether male or female), Female

gumela
white

3^d of December

956 Holland, H.

Diaphana Leuthecheri

Ref. W. G. C. C.

Важно.....

Christoph Leuthecher

Machinist

Beijers

Friedrich Kessler midwife

2116 West 84th Str.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A. 8336

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

White.

3. Date of Birth,

Dec. 3d 1888.

4. Place of Birth, (Street and Number)

917 Hanover St.

5. Full Name of Mother,

Clara Knorr.

6. Mother's Maiden Name,

Stewart.

7. Mother's Birthplace,

Bald. City.

8. Full Name of Father,

Louis J. Knorr.

9. Father's Occupation,

Grocer -

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall, M.D.

Address,

524 Sharp St.

Remarks,

Health. This schedule shall contain a list of the births which, in the full name of each child, if any shall have month, and shall act forth as in each name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. It could no other person be in shall occur without the attendance of a physician or practitioner of medicine, and shall become the duty of the person or persons of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 3337

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 3, 1888

4. Place of Birth, (Street and Number)

Calverton Rd

5. Full Name of Mother,

Caroline Robbins

6. Mother's Maiden Name,

Caroline Peregay

7. Mother's Birthplace,

Med

8. Full Name of Father,

John Robbins

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Med

Name of Medical Attendant, or other Person who makes this Return.

W. H. Carter

Address,

1807 N. Baltimore St.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to be on file in the office of the Registrar of Vital Statistics, Baltimore City, in case of the birth of a child, and shall be retained by the Registrar of Vital Statistics, Baltimore City, for the purpose of being in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under this act during the month, and shall set forth as far as the name can be ascertained the full name of each child, if it has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended upon by the mother, immediately thereafter, shall be reported to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

December 6th 1881

Male

White

December 6th 1881

285 Saint Marys St

Olgar Nagel

Olgar Young

Germany

Christian Young

Butcher

Germany

Mrs. Annie Knecht

1507 Pennsylvania St

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month following the birth of any child, to the Registrar of Vital Statistics, who shall cause the same to be filed in the office of the Registrar, and shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5. th* *A. 8339*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Dec. 6. th*

4. Place of Birth, (Street and Number) *Baltimore. No. 806. Ridgely St.*

5. Full Name of Mother, *Ana. Mary. Lacher.*

6. Mother's Maiden Name, *Ana. Mary. Scholz*

7. Mother's Birthplace, *Baltimore. Md.*

8. Full Name of Father, *Henry. Lacher*

9. Father's Occupation, *Cabinet maker.*

10. Father's Birthplace, *Baltimore. Md.*

Name of Medical Attendant, (or other person who makes this Return, *Minch.*

Address, *821 Leadenhall St.*

Remarks, _____

Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct record of the same, and shall cause to be taken place, at the place where the birth occurs, a birth certificate, to be furnished by the Commissioner of Health. This certificate shall contain a list of the birth, including the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and shall set forth as far as the same can be ascertained the full name of the father, and the name of the medical attendant, and shall be signed by the practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, the birth certificate shall be delivered to the office of the Commissioner of Health, in the manner and within the period provided for such child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth **A** 8340

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 7 - 88

4. Place of Birth, (Street and Number)

1521 N. Caroline St

5. Full Name of Mother,

Laura. E. Eitel

6. Mother's Maiden Name,

" " Connor

7. Mother's Birthplace,

Me

8. Full Name of Father,

Gustav. A. Eitel

9. Father's Occupation,

Wick Tie Manufacturer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

712 McDonogh St

Remarks,

If death. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars: the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, the date and place of birth of the child, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the day of the birth of another child, the birth of the child shall be reported as a stillbirth, and the person or persons of such child shall be reported as a stillbirth. The Commissioner of Health, in the names and within the provisions of this section shall be subject to the fine of ten dollars for each offense, to be paid as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Mattie Retowsky 4th Child *1341*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9th of December 1888*
4. Place of Birth, (Street and Number) *522 Hanover St.*
5. Full Name of Mother, *Matilda Annie Retowsky*
6. Mother's Maiden Name, *Matilda Annie Krauter*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert Richard Retowsky*
9. Father's Occupation, *Piano Maker*
10. Father's Birthplace, *North Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Minch*

Address, *2nd W. Corner Ladenhall and Montgomery St*

Remarks, *GIVEN NAME ADDED. 8-10-53*

L.M.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician, the physician shall also deliver to the office of the Commissioner of Health, and in case the birth of any child is attended by a midwife, the midwife shall also deliver to the office of the Commissioner of Health, and in case the birth of any child is attended by a nurse, the nurse shall also deliver to the office of the Commissioner of Health, and in case the birth of any child is attended by a person or persons who shall hereafter fail to comply with the provisions of this act, the person or persons shall be subject to the fine of ten dollars for each failure, and in default of payment of the fine of ten dollars for each failure, to imprisonment for a term of not less than thirty days nor more than sixty days.

Wm J. C. O'Leary & Co., City Printers and Stationers

Smith. A. 8342

- Female.

- While.

- December 2, 1888.

- No. 1824. In Bond at.

- Georgiana Field

- Georgianna Barnes

- Highland

- William T. Fields.

- Barbenter.

- Maryland

Aug. R. C. Sewell, Esq.

1241 No. five 200

Remarks,

Am

[illegible]

Wm. J. C. DELANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

9th Child A. 345

1. Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race)

3. *Date of Birth,*

Dec. 9th / 1885.

4. *Place of Birth, (Street and Number)*

4 Mr. Hewitt

5. *Full Name of Mother,*

Mary E. Romoser.

6. *Mother's Maiden Name,*

" " Howser.

7. *Mother's Birthplace,*

Bald. City

8. *Full Name of Father,*

Alexander F. Romoser.

9. *Father's Occupation,*

Expressman -

10. *Father's Birthplace,*

Balt, Mrs.

Name of Medical Attendant, or other person who makes this Return.

R. J. H. Tall. m.d.

Address,

5-24 Sharp DV

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

137 A 863416

1. *Sex.* (State whether male or female)

Femula

2. Race or color, (if not of the white race)

White.

3. *Date of Birth,*

Dec 29th 1888

4. *Place of Birth, (Street and Number)*

104 Warren Ave.
Evan. Martin

5. Full Name of Mother,

Barrett

6. *Mother's Maiden Name,*

Patto

7. *Mother's Birthplace,*

Y^{rs} A. Martin

8. *Full Name of Father,*

Brakeman B. & C. R. R.

9 *Father's Occupation,*

2x a

10. *Father's Birthplace,*

R. C. Lee

Name of Medical Attendant, or other person who makes this Return.

Harmon St.

Address,

Remarks,

Article 13. The child shall contain a file card, which shall be given to the mother at the time of each child, and the mother shall be notified of the full name and occupation of the father. The card shall be delivered to the mother at the time of each child, and the mother shall be notified of the full name and occupation of the father. The card shall be delivered to the mother at the time of each child, and the mother shall be notified of the full name and occupation of the father.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 8347

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Dec 9th 1888

4. Place of Birth, (Street and Number)

750 Columbia ave

5. Full Name of Mother,

Sally Weinstock

6. Mother's Maiden Name,

Sally Steward

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edw Weinstock

9. Father's Occupation,

Lithographer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham M.D.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred the sex, color, the full name and occupation of the parents, the date of birth, the date of the third day of each, and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or attendance of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending the child to report as birth to the Registrar of Vital Statistics, who shall thereupon fill up this certificate, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the date when the child was born, and whether it has been compared with the standard of the Registrar of Vital Statistics, and the date when the comparison was made. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th A. 12116

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Black

3. Date of Birth,

December 9-88

4. Place of Birth (Street and Number),

508. N. West St

5. Full Name of Mother,

Isabella Turner

6. Mother's Maiden Name,

Eschelman Bodely

7. Mother's Birthplace,

Kent Island

8. Full Name of Father,

Samuel Turner

9. Father's Occupation,

Oyster Shuckler

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Charles H. Pfefferkorn

Address,

48. E. Montgomery St.

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th A 8349

Female

3. Date of Birth _____
4. Place of Birth _____
5. Full Name _____
6. Mother's Name _____

9th December 1888

1101 Fort Ave.

Jane Dowling

Allen

Baltimore

Thomas Dawling
Labrador

La bodega

New York

Elizabeth Jewell

516 Portline

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A. 8350
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 10th 1888.*
4. Place of Birth (Street and Number) *1212. W Franklin St.*
5. Full Name of Mother *Mrs Carrie Porter Dennis*
6. Mother's Maiden Name *Miss Carrie Porter Hellen*
7. Mother's Birthplace *Balto. Md*
8. Full Name of Father *George W. Dennis*
9. Father's Occupation *Paper hanger*
10. Father's Birthplace *Balto. Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Wm. McVickerson M.D.,
Arlington & Harlem Aves.*

[illegible]

Wm J. C. QUART & CO., CITY PRINTERS AND STATIONERS.

A. 5357

1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Dec 10th 1888*
4. Place of Birth, (Street and Number) *1411 Washington Ave,*
5. Full Name of Mother, *Lizzie M. Shawkes*
6. Mother's Maiden Name, *Benseles*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Shawkes*
9. Father's Occupation, *Carter*
10. Father's Birthplace, *Anne Arundel Co., Md.*
Name of Medical Attendant, or other person who makes this Return *H. W. Webster M.D.*
Address, *814 W Lombard St*
Remarks, *Delivered with Forceps.*

NAME ADDED 12-22-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ann Byrns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

92 A 8352

1. Sex. (State whether male or female)

Fernando

2. Race or color (if not of the white race)

3. *Date of Birth*

10th December 1888

4. Place of Birth, (Street and Number)

19 East Hill St

5. Full Name of Mother,

Carrie Kuss

6. *Mother's Maiden Name,*

Darcken

7. *Mother's Birthplace,*

Baltic Sea

8. *Full Name of Father,*

Robert Burns

9. *Father's Occupation,...*

Laban

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Sewell

Address,

516 East Ave

Remarks,

[illegible]

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con-
ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
shall be signed by the person or persons by whom the same is made, and shall be filed in the office of the Registrar of
each and every month, with an affidavit of the person or persons by whom the same is made, that the
attendance of a physician or practitioner of medicine or nursing, or of a midwife, or of a nurse, or of a
mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons
who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 A. 8353

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec 10 '88

4. Place of Birth (Street and Number), N. Greene few doors above Lexington

5. Full Name of Mother, Mrs. Emma R. Kirby

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Frederick, Md

8. Full Name of Father, Wm Kirby

9. Father's Occupation, Coal Business

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, T. C. W. Huntington

Address, 840 W. Fayette St

Remarks,

For purposes of this act, the date of birth of a child, whether born in or out of wedlock, shall be determined by the Commissioner of Health, and shall enter the same on his birth schedule, to be furnished by the Commissioner of Health, in which birth and death certificates are required to be filed. The date of birth of any child, whether born in or out of wedlock, shall be determined by the Commissioner of Health, and shall enter the same on his birth schedule, to be furnished by the Commissioner of Health, in which birth and death certificates are required to be filed. The date of birth of any child, whether born in or out of wedlock, shall be determined by the Commissioner of Health, and shall enter the same on his birth schedule, to be furnished by the Commissioner of Health, in which birth and death certificates are required to be filed.

No. of Child of _____
 1. Sex (state) _____
 2. Race or Color _____
 3. Date of Birth _____
 4. Place of Birth _____
 5. Full Name _____

4 Child A. 8354

Male.

White

December 10

No 1202 Battery Ave

Barbara Wamhoff

Barbara Bohutimec

Baltimore

Henry Warnhoff

Frame Paines

Baltimore

Catharina Myziche

800 Leadenhall St.

Remarks, _____

and shall set forth so far as the same can be ascertained the full name of each child, if any shall have been con-
sidered as still-born, the date and place of birth, and the exact schedule
shall be delivered, duly signed by the physician or practitioner of health, or the midwife, or the person who
each and every month to the office of the Commissioner of Health, or to the office of the Registrar of Births,
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the
midwife. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
the said Registrar fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A. 11-17

Male

White

10th of December

311 West Tazewell St.

Wilhelmina Viel

M. Haus

German

Conrad Viel

Carpenter

German

Friedrich Hecker midwife

211 West Tazewell St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. ~~Date~~ of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sept 14

A. 6357

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race). White.
3. Date of Birth, December 10, 1888.
4. Place of Birth, (Street and Number) No. 114 Brady ave., New York.
5. Full Name of Mother, Mary A. McCulloh.
6. Mother's Maiden Name, Mary A. Canaler.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, George W. McCulloh.
9. Father's Occupation, Stonecutter.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return.

Aug. A. Clewett, Md
1241 Harford Ave

Address,

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth **A** 355

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 11-88

4. Place of Birth, (Street and Number)

845 N Gay St

5. Full Name of Mother,

Henrietta Bell

6. Mother's Maiden Name,

Reese

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Wm Bell

9. Father's Occupation,

Clerk

10. Father's Birthplace,

New York

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allivell

Address,

912 N Danogh St

Remarks,

and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the date of delivery, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons attending upon the mother, immediately thereafter, shall become the duty of the person or persons of such child to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the date of birth, the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the remarks, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

26 Child A. 2209
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 11 / 08

4. Place of Birth, (Street and Number)

#1848 W. Henry.

5. Full Name of Mother,

Gizzie Hoffman

6. Mother's Maiden Name,

" Ditzel.

7. Mother's Birthplace,

Lahrbach.

8. Full Name of Father,

Paul Hoffman.

9. Father's Occupation,

aylor.

10. Father's Birthplace,

Sommer Rahl.

Name of Medical Attendant, or other person who makes this return.

Annie Lindner

Address,

#100 S. Main St.

Remarks,

file this. The schedule shall be filled out by the mother or other person who makes this return, and shall be set forth as far as the same can be ascertained the full name of each child at any shall have been conferred. In sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If the mother or other person who makes this return, or the practitioner, shall fail to comply with the provisions of this section, he or she shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Health. This schedule shall contain a list of the facts which have occasioned the child's absence from school for more than one month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of the father, and the form of certificate between the first and third day of each year, every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or person so required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, each offence, to be collected as other fines and forfeits are recoverable.

W. J. O. GILLEY & CO., CITY PRINTERS AND STATIONERS

A. 6260

- Address, 207 W Washington St

Remarks,

[illegible]

14, A 6-61

Female

white

December 11, 1888.

Number) 11 N. Carey Street

ia Lee Boyd

Boyetown

Bacteraea Leich.

Clarence L. Boyd

Merchant

Back City

Martins Brewer m.

1106 McCallum Street

Remarks,-----

Health. This schedule shall contain a list of the births which have occurred within his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the event of any violation of the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8362

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 11 1888

4. Place of Birth, (Street and Number)

No 1425 Potomac St

5. Full Name of Mother,

Mary Hess

6. Mother's Maiden Name,

Mary Wagner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Hess

9. Father's Occupation,

Stone molder

10. Father's Birthplace,

Lancaster Pa

Name of Medical Attendant, or other person who makes this Return.

Catharine A. Munroe

Address,

500 Baden Hall St.

Remarks,

[illegible][illegible]

10th A. 8363

- Female
white

Address, _____

Remarks.

Mrs Sumner,
217 North Jackson St.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9 Child A. 4364
Male

Male

Dec. 19. 88.

1528 Prather

#1520 Pratt St.

Ellen Crocker

" Kihnoh

Ireland

Nelson. Crocker

Barrett
B. J.

Baltimore

June 8, 1908

Health. This schedule shall contain a list of the persons having custody of the child, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place where it was delivered; also the names of all persons who are entitled to receive said certificate shall be delivered, duly signed by the practitioner in the form hereunto annexed, and shall be filed with the health officer of the city or town in which the child was born, at least ten days after the day of each such delivery, so that the health officer may be enabled to cause the birth of any child to be reported to him, and the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately subsequent to the birth of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and the health officer of the city or town in which the child was born shall be responsible for the receipt and filing of such person or persons, who shall be liable for every failure to comply with the foregoing requirements, and for any neglect or refusal to furnish and file certificates as hereinbefore required.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child A. 8368
Male

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth.

Dec. 12th 1888

4. Place of Birth, (Street and Number)

344 Smallwood St.

5. Full Name of Mother.

Mary Dietz.

6. Mother's Maiden Name,

" Florig.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Peter Dietz.

9. Father's Occupation,

Power.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Annie J. Jander.

Address,

1068 S. Myrtle St.

Remarks,

Health. This certificate shall contain a full and true statement of the health of the child, and shall be filled out by the attending physician, or other person authorized by the Board of Health, and shall be filed in the office of the Registrar of Vital Statistics, and shall be retained for a period of one year. The certificate shall be filled out by the attending physician, or other person authorized by the Board of Health, and shall be filed in the office of the Registrar of Vital Statistics, and shall be retained for a period of one year.

month, and shall set forth, as far as they are able, the full name of each child, if any shall have been born, the date and place of birth, and the name and occupation of its parents, and the name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one **A** 367

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Wednesday Dec 12th 188*
4. Place of Birth, (Street and Number) *Balto. city 718 Portland St*
5. Full Name of Mother, *Louisa. Eichelbays*
6. Mother's Maiden Name, *Louisa. Herpel*
7. Mother's Birthplace, *Balto city*
8. Full Name of Father, *Charles. Emanuel. Eichelbays*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Balto. City*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Sebach*
- Address, *735 W Pratt St*
- Remarks,

Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of the month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

A. 8368

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 Dec

4. Place of Birth, (Street and Number)

1217 W. Ann St

5. Full Name of Mother,

Sophia Spelman

6. Mother's Maiden Name,

" Schuman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Conrad Spelman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Julia Green

Address,

941 S Gay St

Remarks,

[illegible]

TAN

A 8204

Female

w

Dec 13^d 1888

1815 St Paul

Harv S Focke

May Schmidt

Balto

Heuzel & Focke

Marchant

Ball

J. L. Chaffard, Jr.

576. Park Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 8376

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 13th 1888

4. Place of Birth, (Street and Number) 2536 E. Olmstead St.

5. Full Name of Mother, Anna A. Kufner

6. Mother's Maiden Name, " " Petro

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kufner

9. Father's Occupation, Booker Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Batz

Address, 1744 Bank St.

Remarks,

[illegible][illegible]

6th - A 5371

Male

White

Sept. 13th - 1888

848 $\frac{1}{2}$ N. Lombard St

May E. Stebbins
Smith

Ba

Edward S. Stables
Comm. Merchant

2a.

R. C. Lee
Harrow St.

Harmon St.

of other person who
makes this Return.

Remarks,

RETURN OF A B.

the Office of Registrar of Vital Statistics, Board of

No. of Id of Mother, (state whether 1st, 2d, 3d, Co.)

1. State whether male or female

2. Race Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Name of Father,

Father's Occupation,

9. Father's Birthplace,

Name of Medical Attendant, or other person who

Address,

Remarks,

M.

white

December 13 1891

1104 Hollins St. City

Helena Miller

Hoernstein

Germany

William F. Miller

Painting

Germany

All.

Mrs. Ann Lee

217 North Cherokee St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 8373

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 13 - 1888

4. Place of Birth, (Street and Number)

Hammacher Court No 114

5. Full Name of Mother,

Caroline Dorweis

6. Mother's Maiden Name,

Caroline Kratz

7. Mother's Birthplace,

York, Pa.

8. Full Name of Father,

John. H. Dorweis -

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Mathew M. Mundy

Address,

800 Seadenhall St.

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 8228
DEC 11 1881
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d A 4374
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 14th 1881
4. Place of Birth, (Street and Number) 718 N. Fulton Ave
5. Full Name of Mother Mary Carter
6. Mother's Maiden Name McLark
7. Mother's Birthplace London, Eng
8. Full Name of Father William Carter
9. Father's Occupation Merchant
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other person who makes this return. John H. H. H.
- Address _____
- Remarks _____

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date when delivered by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be returned to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following the month in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d Child

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th Dec

4. Place of Birth, (Street and Number)

924 W Lombard St

5. Full Name of Mother,

Lizzie M. Weichman

6. Mother's Maiden Name,

Blair

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Weichman

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs L. D. Miller

Address,

217 North Schroeder St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A 8376

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *14th December*
4. Place of Birth, (Street and Number) *1892 Cassel St*
5. Full Name of Mother, *Levi Schmidt*
6. Mother's Maiden Name, *Reich*
7. Mother's Birthplace, *German*
8. Full Name of Father, *John Schmidt*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mathew A. Munch*
- Address, *800 Baden Hall St*
- Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A 6377

Male

white

Nov 14/88

5-13 N. Howard

Mrs. Julia E. Clanson

" " Ryan

wa

Augustus & Carson

Mechanical Engineer

Wisconsin

LeWorthington

Sho W. Fayette St

Remarks,

tion of the births which have occurred within one year preceding the month, and shall set forth the name and sex of each child, the date and place of birth, and the date and place of each vaccination, and shall also ascertain the full name of each child (if any name has been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month in the office of the Commissioner of Health. In the case of any child who shall come into the city of New York, or to any hospital, or shall be either born or die in any hospital, the practitioner, immediately thereafter, shall deliver to the Commissioner of Health, in the manner and without delay, a report of its birth to the Commissioner of Health. In this manner and without delay, the practitioner shall also report its birth to the Commissioner of Health, in the manner and without delay, the period before required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as after fines and forfeitures a recoverable.

To the
No. of Child
1. Sex, (state)
2. Race or

五

A 8378

Final

1. k

11/1/2011 7:45

2013 E. Purchase St.

Page 10 Recommended

cash

Therapist _____

Dr. J. P. ...

7th March

Robert C. G.

2.1

.....

100

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. **A. 5379**

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Friday December 14th.

4. Place of Birth, (Street and Number)

824 S. Charles St.

5. Full Name of Mother,

Leami A. Belg.

6. Mother's Maiden Name,

Leami A. Seebode.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Chas. A. Belg.

9. Father's Occupation,

Butcher.

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

Wilmer Brinton M.D.

Address,

Chas. St. Transit Place

Remarks,

REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY. This schedule shall contain a list of the births which have occurred under the laws of the State during the month, and shall set forth as far as the same can be ascertained, the names of the mother and father, the date and place of birth, and the sex, race or color, and the date of birth, and the date of registration. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, in the manner and within the time provided above required, and shall occur without the attendance of a physician or other person, and shall be subject to the inspection of the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered by other laws and authorities are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 15th 88

3. Date of Birth, Dec 10 1881
4. Place of Birth, (Street and Number) 640 Greenwillow St.
2 P. 1.

5. Full Name of Mother, Mary A. Leitz

6. Mother's Maiden Name, *Test.*

7. Mother's Birthplace, ... Md

8. Full Name of Father, Isaac F. Lief

9. Father's Occupation, grocer

10. Father's Birthplace, *Mad*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, -

J. Miller M.D.
609 Franklin St.

[illegible]

Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date of its birth, the date and exact schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the first day of any month, the practitioner of midwifery, at should no other person be in attendance upon the mother, immediately thereafter, shall report the birth of such person or persons to such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten hundred dollars and such offence, to be recovered as other fines and forfeitures shall be recoverable.

Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parent, the date of its birth, the date and day schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the first day of any month, the practitioner of midwifery, at should no other person be in attendance upon the mother, immediately thereafter, shall report the birth of such person or persons to such child to report its birth to the Commissioner of Health, in the manner and within the time specified, by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten hundred dollars and such offence, to be recovered as other fines and forfeitures are recoverable.

5 A. 8281

girl

15 Dec. 1881

15 Dec.

r).....

Normie Kellein

Copy

Feb.

James L. Williams

122 212

Liliopsis

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th. A. 6362

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Saturday December 10th 1888,

4. Place of Birth, (Street and Number)

827 Harford Ave.

5. Full Name of Mother,

Late F. Sattenfield,

6. Mother's Maiden Name,

Late F. White.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Edmund Sattenfield,

9. Father's Occupation,

China Dealer.

10. Father's Birthplace,

Balti. Md.

Name of Medical Attendant, or other person who makes this Return.

Wilmer Brinton M.D.

Address,

Chase St. 7th Floor Place.

Remarks,

Registrar of each birth and shall enter the same in the schedule provided for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of birth, the date of registration, and the date of delivery. The Registrar shall also deliver to the parents of each child a certificate between the first and second month of the child's life, certifying that the child has been registered and that the parents have been notified of the provisions of the Act. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if they fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

birth, and the sex of the child, and the name can be ascertained the full name of each child, if any shall have been conferred in accordance with the provisions of the act, and the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the mother or father of any child shall fail to report to a physician or practitioner of midwifery, or should no person be in charge of the child to report its birth to the Commissioner of Health, the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the act, shall be subjected to the fine of ten dollars and forfeited, as hereafter provided.

BIRD & E. HILARY & CO., CITY CHARTERS AND STATIONERS

2d, A 6583.

1. Sex, (state whether male or female) Male
 2. Race or color, (if not of the white race) White
 3. Date of Birth, 15th of December
 4. Place of Birth, (Street and Number) 1812 E. Lombard Street
 5. Full Name of Mother, Mary McAllison
 6. Mother's Maiden Name, Mary Anderson
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Patrick McAllison
 9. Father's Occupation, Sailor
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, Katharina Bahler
 Address, 1817 E. Lombard Street Baltimore Md.
 Remarks.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th A. 838

Male

Dec. 15th 1888

419 Falls Road, Hampden, Balt.
Mar. 17-76

Margaret Martin

Margaret Robinson

Balt. Co. Md.

Richard Markie

Shannaker

Ball Co. Ind

Geo. F. Shower M. D.

ry, Balt. Md.

Remarks.

Wm. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises of the practitioner, he shall, immediately thereafter, in duplicate, report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female A. 4385

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 15 - 1888

4. Place of Birth, (Street and Number)

1251 E. Boundary Ave

5. Full Name of Mother,

Mary C. Woodward

6. Mother's Maiden Name,

" " Gillespie

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Robert A. Woodward

9. Father's Occupation,

Painter

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary C. Allurel

Address,

93 Mc Donough St

Remarks,

month. This schedule shall contain a list of the birth, which have occurred since the last report, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the date and place of its birth, and shall be delivered to the Commissioner of Health, in the manner prescribed by the first and said schedule shall be delivered to the said Commissioner of Health, in the manner prescribed by the first and said schedule, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so situated to report its birth to the Commissioner of Health, in the manner prescribed by the provisions of this section, and it shall be the duty of the Commissioner of Health, to comply with the provisions of this section, shall be authorized to cause the birth of every child so reported to be ascertained, and the same shall be recoverable.

[illegible]

6 Child A. 8-86
Hale

6 Child A. 8-86
Hale

6 Child A. 8-86
Hale

Dec. 15 / 88

#2036 Frederick Ave.

Catharine Keen

" " Healey,

Ireland.

Edward Kerr.

Lignum-Deodor.

Ireland

who
rn. *Annie Lindner*

#116 S. Monroe St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d.* A. 8387
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 16 / 88.*
4. Place of Birth (Street and Number) *116 Hollins alley.*
5. Full Name of Mother *Emma Hoffmeyer.*
6. Mother's Maiden Name *Burke.*
7. Mother's Birthplace *Baltic City.*
8. Full Name of Father *Harman Hoffmeyer*
9. Father's Occupation *Night Officer at Harman's Hotel.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *R. H. Goldsmith M.D.*
- Address *Harlem Ave & Calhoun.*
- Remarks

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child A. 6388

Male.

Dec. 15th 1888.

Dec. 15th / 888.

107. N. Henrietta L.

Stellia virginica Giles

" " Chaney

Balto, July

William F. Giles

Clarke

Lowmire & Co. Ind.

R. J. N. Tall, M.D.

524 Sharp. 24

4. IS ONE ANY A RE. CITY COUNTESS AND STATIONERS

[illegible]

4-6-54

one A. 6389

male

white

Sunday Dec 16 1888

Balto city 1227 Bayard St

Catharine & Abbott

Catharine & Wood's

Charles J. ...

Adel S. H.

With

Indes

Mr. C. S. Smith

705-11-1

5.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth 7 40 Waverly St - 10th Dec. 1888

4. Place of Birth, (Street and Number) 1700 Waverly St

5. Full Name of Mother, Mary Hester

6. Mother's Maiden Name, Mary Johnson

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Hester

9. Father's Occupation, Walter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson M.D.

Address, 2151 Maryland Ave, Cor of 2nd St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Registrar, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily to the Registrar. In case the certificate between the first and third day of each and every month in which a birth occurs, or in case the birth of any child shall occur without the certificate between the first and third day of each and every month, the Registrar shall be in the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 A. 1391
female

1. Sex, (State whether male or female)

W.

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 16 1888

4. Place of Birth, (Street and Number)

1041 N. Duncan St

5. Full Name of Mother,

Anna Černík
Macháček

6. Mother's Maiden Name,

" Bohemia

7. Mother's Birthplace,

8. Full Name of Father,

Václav Černík
Musleian

9. Father's Occupation,

Bohemia

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Comad
1621 Barnes

Address,

Remarks,

This is to be filled out by the Registrar of Vital Statistics, Baltimore City, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and shall be open to the inspection of the public. The Registrar of Vital Statistics, Baltimore City, shall be responsible for the accuracy of the information furnished by the parents, and shall be liable for the same. The Registrar of Vital Statistics, Baltimore City, shall be responsible for the accuracy of the information furnished by the parents, and shall be liable for the same. The Registrar of Vital Statistics, Baltimore City, shall be responsible for the accuracy of the information furnished by the parents, and shall be liable for the same.

Health. This act shall contain a true and correct account of the health of the nurse can be ascertained the full name of each child, if any shall have been conferred by its mother, the full name and occupation of its parents, the date and place of birth, and the date and place of death, and the age of such child at the time of his or her death. It shall also contain a true and correct account of the health of every child born during the third year of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family to cause the same to be entered in the said book, and to sign the same, under their names, and to forward the same to the office of the Commissioner of Health. If any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its death, if it has died, and the cause of death, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. D. A. 8394

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

white

Date of Birth,

December of 16.
20. Pub: Port.

Place of Birth, (Street and Number)

Full Name of Mother,

Mary Himmel.

Mother's Maiden Name,

Mary Heiny.

Mother's Birthplace,

Baltimore.

Full Name of Father,

Missed Himmel.

Father's Occupation,

Barber.

Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this return.

Auguste Berien.

Address,

937. South: Sharp: A.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of the month in which it was born, and the day of each and every month to the office of the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

W. D. A. 4395

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December of 16. 1888

4. Place of Birth, (Street and Number)

1048. William St.

5. Full Name of Mother,

Lizbeth Staebler

6. Mother's Maiden Name,

Lizbeth Falls

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Staebler

9. Father's Occupation,

Wholesale Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Auguste Berien

Address,

927. South Liberty St.

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8396

- Wm. J. Bulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 8397

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 17 Dec 1888

4. Place of Birth, (Street and Number) 520 Duane Alley

5. Full Name of Mother, Annice Trunko

6. Mother's Maiden Name, " Petrick

7. Mother's Birthplace, Bethania

8. Full Name of Father, Antea Trunko

9. Father's Occupation, Tailor

10. Father's Birthplace, Bethania

Name of Medical Attendant, or other person who makes this Return. Mary Reptisch

Address, 267 1/2 Washington St

Remarks, _____

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the mother and father, the date of birth, and the date of registration, and the name of the practitioner, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the birth shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Q 4

8398

1. Sex, (state whether male or female)

Kale

2. Race or Color, (if not of the white race)

White.

3. *Date of Birth.*

17 Dec

4. *Place of Birth, (Street and Number)*

1522 E Ogden St

5. *Full Name of Mother,*

Helia Schlarf

6. *Mother's Maiden Name.*

" Knights7. *Mother's Birthplace.*

Ireland

8. *Full Name of Father,*

Charles Schuett

9. *Father's Occupation,*

Cigar, Makur

10. *Father's Birthplace,*

Germany.

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Gentry

Address,

1940 A Gay 'et

Remarks,

month, and shall be delivered to the same can be ascertained, the full name of each child, if any shall have been born, and the date and place of birth, and the name of the practitioner in the form of a birth record, shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to immediately deliver to the office of the Commissioner of Health a birth record, in the form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Louis Albert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 899*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18 Dec*

4. Place of Birth, (Street and Number) *219 Castle*

5. Full Name of Mother, *Wilhelmina Albert*

6. Mother's Maiden Name, *Frank*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Andrew Albert*

9. Father's Occupation, *Hack Driver*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Groves*

Address, *940 N Gay st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 844
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Dec
4. Place of Birth, (Street and Number) 2538 Oliver St
5. Full Name of Mother, Catherine Roberts
6. Mother's Maiden Name, " Cornell
7. Mother's Birthplace, Reisterstown
8. Full Name of Father, Charles Roberts
9. Father's Occupation, Street Grader
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greeny
- Address, 245 N. Gay St
- Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

E 8401

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Dec 19th

4. Place of Birth, (Street and Number)

1218 Batten, Ave

5. Full Name of Mother,

Catherine Hoffman

6. Mother's Maiden Name,

" Raupf

7. Mother's Birthplace,

City

8. Full Name of Father,

Frank Hoffman

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. C. Bacon M.D.

Address,

511 Howard St

Remarks,

This certificate shall contain a list of the births which have occurred within the city of Baltimore during the month and year indicated. It shall be filled out by the physician, midwife, or other person who has attended the birth, and shall be delivered to the office of the Registrar of Vital Statistics, Board of Health, within three days of the birth of the child. It shall be the duty of the Registrar to see that the certificate is properly filled out, and to see that the birth is properly recorded. Any person who fails to report the birth of a child to the Registrar, or who furnishes false information, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8402

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Colord

3. Date of Birth, 18 of December 1888

4. Place of Birth, (Street and Number)

110 Montgomeryst.

5. Full Name of Mother,

Maria Gibson

6. Mother's Maiden Name,

Maria Galls

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Gibson

9. Father's Occupation,

Labr

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Ange Gibson

Address,

1049 S. Howard st.

Remarks,

This schedule shall contain a list of the births which have occurred under law, for each year, during the month, and shall set forth as far as possible the name and occupation of the parents, the date and place of birth; and the sex, race or color, of each child. If any shall have been delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of such child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, that no such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, to report the child to the Commissioner of Health, in the manner and within the period above required, and any person failing to do so shall hereafter fail to comply with the provisions of this section, and be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for the recovery of which the said person shall be liable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 8403

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 18th 1888.

4. Place of Birth, (Street and Number) 1518 Eastern Avenue

5. Full Name of Mother, Mary Hall

6. Mother's Maiden Name,

Partman.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Oscar Hall

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Wm. Edgar Baily

Address,

1742 Bank St.

Remarks,

This certificate shall contain a list of the names of all persons who have occurred under this or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, duly signed by the practitioner in the form of a certificate between the first and the last day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur within the month, the practitioner shall also report the birth of such child to the office of the Commissioner of Health, in the manner and within the period above required, and shall attend upon the mother immediately thereafter, it shall become the duty of the practitioner to report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

A. 8404

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 19th 1888*

4. Place of Birth, (Street and Number) *208 Ann. St.*

5. Full Name of Mother, *Lenna Brackman*

6. Mother's Maiden Name, " " *Meller*

7. Mother's Birthplace, *City*

8. Full Name of Father, *John Brackman*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other person who makes this Return, *Mr. J. A. B. B.*

Address, *1742 B. St.*

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. d

A. 6405

Female

3. *Date of Birth.*

18th December 1888

602 Font Ave

Aunnie Packman

Baldoff

Baltimore

Alexander Sachse

Laboure

Baltimore

Elizabeth Jewell

510 Tenth Ave

[illegible]

Health. This schedule shall contain a list of the tortures which have occurred under his or her care during the said year, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person attending the child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 11-9-55
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Elmer ——— Moore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth. A 8426

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 18-88

4. Place of Birth, (Street and Number)

833 N. Wolfe St

5. Full Name of Mother,

Annie E. Moore

6. Mother's Maiden Name,

" Harriman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John A. Moore

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 N. Donogh St

Remarks,

[illegible]

month, and shall set forth as far as is the same can be ascertained, the full value of each child, if any shall have been conferred its sex color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month, the full name and occupation of its parents, the date and place of birth, shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the commissioner, and the mother or father of such child shall be bound to sign and acknowledge the same, and the commissioner shall be bound to enter the same in the records of his office, and the penalty of such failure shall be as follows, to wit: That if any person shall fail to report the birth of a child, or shall fail to sign and acknowledge the same, or shall fail to enter the same in the records of his office, he shall be liable to the fine of ten dollars, and each of such persons shall be liable to the fine of ten dollars, and the same shall be recoverable.

A. 8407

2. Race or Color, (if not of the white race)

December 18th 1888

1317 China St

Mary Schlawais

11. Hancock

Germany

John Hancock

Labor

Germany

Catharina Munch

800 Leadenhall St.

Remarks.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8408

- THE J. C. CUMANE & CO. CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth, the date of its registration, and the date of its delivery. In case the birth of any child shall occur without the attendance of a physician or a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offence, to be recovered by other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Barbara Helena

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A. 8409

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 18 Dec 1898
4. Place of Birth, (Street and Number) 2112 Jefferson St
5. Full Name of Mother, Eva Kugendorf
6. Mother's Maiden Name, Endera
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Kugendorf
9. Father's Occupation, Doctor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 207 N. Washington St

Remarks,

GIVEN NAME ADDED. 10-8-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

A. 8410

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Dec 18 89*

4. Place of Birth, (Street and Number) *539 1/2 Chapple St*

5. Full Name of Mother, *Rose Hannah*

6. Mother's Maiden Name, *Bedham*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Frank Lumar*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *Mary Rofish*

Address, *207 1/2 Washington St*

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the mother and child, the date and place of birth, and the date of registration. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or other person authorized by the Board of Health, the mother or person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under this act during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been so named, its sex, date of birth, the date and place of birth, and the said schedule shall also contain, in the form of a certificate between the first and third day of the month, the name of the person to whom the child has been committed, and the date and every month to the office of the Commissioner of the Department of Social Welfare, the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person who is to report the birth to the said office to cause to be included therein the name of the mother, the name of the father, the name of the child, the sex of the child, the date and place of birth, and any such person or persons who shall be present at the birth, and who shall be present fail to comply with the provisions of the act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 8/11

| | |
|--|------------------------------|
| 1. Sex (state whether male or female), | female |
| 2. Race or Color (if not of the white race), | White. |
| 3. Date of Birth, | 19 th of December |
| 4. Place of Birth (Street and Number), | 14 Georg Str. |
| 5. Full Name of Mother, | Dorothea Kroschwitz |
| 6. Mother's Maiden Name, | Dorothea Fimm |
| 7. Mother's Birthplace, | Russian Pole |
| 8. Full Name of Father, | Isack Fimm |
| 9. Father's Occupation, | Agent |
| 10. Father's Birthplace, | Russian Pole |

Address, 2116 West Peach St.

Remarks.

GIVEN NAME ADDED 1-20-55

Burrell Armistead Boswell
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 4413

- and shall set forth as far as the same can be ascertained the full name of each child, if any shall live the month, year, sex, color, the full name and occupation of its parents, the date and place of birth; and the third schedule shall contain a list of all children who have been certified as being born in the first and last scheduled month and every month to the office of the Commissioner of Health, a brief description of the child, the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the child, the name of such person, and the date when the child was born, and shall likewise contain a list of all children who have been certified as being born in the first and last scheduled month and every month to the office of the Commissioner of Health, a brief description of the child, the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the child, the name of such person, and the date when the child was born, and shall likewise contain a list of all children who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

birth, this schedule shall contain a list of the infants whose birth certificate, filed in any month, and shall set forth as far as the same can be ascertained the date and place of birth, and the date and place of death, if any, of each infant, and shall be in the following language: "This schedule contains the birth and death records for the month of _____, 19____, and is hereby certified to be correct and true." The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, who should no other person be to whom such schedule is delivered, and the schedule so delivered shall be filed in the office of the Commissioner of Health, and shall be open to the inspection of any person who may desire to see it, and shall be subject to the order of the Commissioner of Health. In the event that the mother, immediately thereafter it shall become the duty of the practitioner of the hospital to report its birth to the Commissioner of Health, in compliance with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

birth, this schedule shall contain a list of the persons whose names are to be entered during the first month, and shall set forth as far as the same can be ascertained the names, the date and place of birth, and the date of death of each of the persons so named. The schedule shall be delivered to the first child to be born on the third day of each and every month to the office of the Commissioner of Education, should no other person be to whom it shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In compliance with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 814124

- [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child A. 1415

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec. 19/88.

4. Place of Birth, (Street and Number)

#344 Vincent St.

5. Full Name of Mother,

Catharine Doyle

6. Mother's Maiden Name,

" " Henley.

7. Mother's Birthplace,

Baltimore County.

8. Full Name of Father,

Michael Doyle.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

#106 S Monroe St.

Remarks,

This schedule shall contain a list of the births which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, duly signed by the practitioner in the form of a certificate bearing the name of the child, the date and place of birth, and the name of the medical attendant. It shall also contain a list of the deaths which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full name of the deceased, the date and place of death, the name of the medical attendant, duly signed by the practitioner in the form of a certificate bearing the name of the deceased, the date and place of death, and the name of the medical attendant. It shall also contain a list of the marriages which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the parties, the date and place of marriage, and the name of the officiating minister. It shall also contain a list of the adoptions which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the parties, the date and place of adoption, and the name of the court. It shall also contain a list of the divorces which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the parties, the date and place of divorce, and the name of the court. It shall also contain a list of the deaths of persons who have died since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the deceased, the date and place of death, the name of the medical attendant, duly signed by the practitioner in the form of a certificate bearing the name of the deceased, the date and place of death, and the name of the medical attendant. It shall also contain a list of the marriages which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the parties, the date and place of marriage, and the name of the officiating minister. It shall also contain a list of the adoptions which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the parties, the date and place of adoption, and the name of the court. It shall also contain a list of the divorces which have occurred since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the parties, the date and place of divorce, and the name of the court. It shall also contain a list of the deaths of persons who have died since the first day of the month, and shall set forth as far as the same can be ascertained the full names of the deceased, the date and place of death, the name of the medical attendant, duly signed by the practitioner in the form of a certificate bearing the name of the deceased, the date and place of death, and the name of the medical attendant.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month in which the schedule is required to be delivered, the practitioner shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered by the City and Penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A. 5416

1. Sex, (state whether ~~male~~ or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 19th Dec _____
 4. Place of Birth, (Street and Number) 144 W Cross st _____
 5. Full Name of Mother, Mary Kauff _____
 6. Mother's Maiden Name, Mary Herbst _____
 7. Mother's Birthplace, Baltimore City _____
 8. Full Name of Father, Albert G. Kauff _____
 9. Father's Occupation, Carpenter _____
 10. Father's Birthplace, Baltimore City _____
- Name of Medical Attendant, or other person who makes this Return, Catherine Munsch _____
- Address, 800 Seadenhall St _____
- Remarks, _____

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, and the sex, color, race, and date of registration. It shall be prepared, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause the birth of the child to be reported to the office of the Registrar of Vital Statistics, within the period above required, and to sign the certificate of birth, and to pay the fee thereon, and to file the same with the Registrar of Vital Statistics. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 8417

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 19 Dec 1888

4. Place of Birth, (Street and Number) 1108 Duncan ally

5. Full Name of Mother, Anna Bunker

6. Mother's Maiden Name, " Dubek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Bunker

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

May Kefriel

Address, 207 of Washington st

Remarks,

5

5

Letter A. 1419

- Dec 17th 1819
Wm. H. Hallam &
John M. Catlett
John Stifford.
Bristol
John W. Hinton &
Bristol
Baltimore.

Mr. H. A. Bell

606 Bremer St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd. A. 8420

1. Sex, (State whether male or female)

Boy

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Wednesday December 20th. 1888

4. Place of Birth, (Street and Number)

332 Federal St.

5. Full Name of Mother,

Emma Weaver,

6. Mother's Maiden Name,

Emma Frank,

7. Mother's Birthplace,

Harrisburg Pa.

8. Full Name of Father,

John Weaver,

9. Father's Occupation,

Telegraph Operator,

10. Father's Birthplace,

Harrisburg Pa.

Name of Medical Attendant, or other person who makes this Return,

William Banta

Address,

Chas. H. Hornum, M.D.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A. 8421

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 20th 1885

4. Place of Birth, (Street and Number) 1574 E. Fayette St.

5. Full Name of Mother, Lizzie Bowers

6. Mother's Maiden Name, Emrich

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Franklin Wm Bowers

9. Father's Occupation, Expressman

10. Father's Birthplace, Ellicott City, Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, 118 E. Franklin St.

Remarks,

and that under the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of any child, the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person who neglects to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A 1422
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 20th
4. Place of Birth, (Street and Number) 56 Mosher St.
5. Full Name of Mother Mary Rawlings
6. Mother's Maiden Name Cook
7. Mother's Birthplace Balt.
8. Full Name of Father Thos. J. Rawlings
9. Father's Occupation Shoemaker
10. Father's Birthplace Balt.
Name of Medical Attendant, or other Person who makes this Return. John H. M.D.
Address 701 N. Carrollton Ave
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Third A. 84/23

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

20th December.

4. Place of Birth, (Street and Number)

1141 Lombard Street.

5. Full Name of Mother,

Catharine Ann Lantz.

6. Mother's Maiden Name,

11 Atkinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John N. Lantz.

9. Father's Occupation,

Brigtel Carpenter.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Annice Lindner

Address,

106 S. Abner St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the last name of the mother, the date and place of birth, and the name of the father, and the name of the child, and the name of the physician or practitioner of health, in case the birth of any child shall occur within the attendance of a physician or practitioner of health, or should no such person be present, the name of such child or children, immediately following the name of the mother, in the manner and within the period above required, and the name of each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 8424
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 20th 1877
4. Place of Birth, (Street and Number) 822 Woodzee St
5. Full Name of Mother Annie Duckett
6. Mother's Maiden Name Almon
7. Mother's Birthplace Virginia
8. Full Name of Father William Duckett
9. Father's Occupation Printer
10. Father's Birthplace Mass
- Name of Medical Attendant, or other Person who makes this Return. John Jeff MD.
- Address _____
- Remarks _____

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of the month, the practitioner shall deliver the same to the office of the Commissioner of Health, immediately thereafter, it shall become the duty of the practitioner to report the birth of the child to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Henry ——— Booker

Year of Child of Mother, (State whether 1st, 2d, 3d, &c.)

A. 1426

1. Sex, (State whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 20th 1888.

4. Place of Birth, (Street and Number)

919 Beren st

5. Full Name of Mother,

Mary Catharine Booker

6. Mother's Maiden Name,

Baltimore Mary Ribline.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lernard Booker

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Catharina Munchy

Address,

800 Seadenhall St

Remarks,

GIVEN

1-18-84

h m.

register of such birth, and shall enter the same on a birth schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the date of birth, the name of the physician, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to cause the birth to be registered, and in case of failure to do so, the person or persons so failing, shall be liable to a fine of ten dollars, which shall be collected to the use of ten (10) dollars for each offense, to be recovered, as other duties, by the Commissioner of Health, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 8427

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20 A

Place of Birth, (Street and Number)

1441 N Gay st

5. Full Name of Mother,

Mary Wittgreif

6. Mother's Maiden Name,

J. Madden

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William Wittgreif

9. Father's Occupation,

Machineist

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Groomy

Address,

940 N Gay st

Remarks,

This schedule shall contain a list of the births which have occurred under the act heretofore during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person, be it in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth so made known to the Commissioner of Health. In the manner and within the period above required, and any such report shall be subject to the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A. 8428

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 20th 1888

4. Place of Birth (Street and Number),

#1136 Hancock St

5. Full Name of Mother,

Ida Bolster

6. Mother's Maiden Name,

Ida Taylor

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

William Bolster

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other person who makes this Return.

Chas. R. Pfeffer, M.D.

Address,

#48 E. Montgomery St.

Remarks,

register of such birth, and shall enter the name of the child, the date of birth, the sex, the race, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this return, the address, and the remarks. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, the race, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this return, the address, and the remarks. This schedule shall be delivered daily signed by the undersigned in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or about no other person being attended upon, the birth must be immediately reported to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 8429
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Dec 20 - 1885
4. Place of Birth, (Street and Number) 407 Bank St.
5. Full Name of Mother, Charina Rines
6. Mother's Maiden Name, Ride
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Rines
9. Father's Occupation, Deer Captain
10. Father's Birthplace, Portland Me.
- Name of Medical Attendant, or other person who makes this return, Harry Stein
- Address, 1427 E. Pratt St.
- Remarks,

under whose charge or superintendence a birth shall be made, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filed as far as the schedule can be filled out, and the full and complete record of the birth shall be made by the practitioner in the form of a certificate, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in his manner as directed by the laws of this State, and the said schedule shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third A 81450
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 20, 1888
4. Place of Birth, (Street and Number) 611 N. Calver St.
5. Full Name of Mother, Emilie H. Canfield
6. Mother's Maiden Name, Emilie H. Grove
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, Arden T. Canfield
9. Father's Occupation, Dealer in firearms
10. Father's Birthplace, Bedford, New York
- Name of Medical Attendant, or other Person who makes this Return. George H. Rohrer, M.D.
- Address, 611 N. Calver St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 8431

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

301 S. Bond St. }
Dec 21 - 1888 }

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Rossmann
Humbell

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Charles Rossmann

8. Full Name of Father,

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Henry Stein

Address,

1727 E. Pratt St.

Remarks,

Registrar of each birth and shall enter the same on the birth record, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the said record, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and facts may be recoverable, and shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and facts may be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

A. 81432

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec 21st 88*

4. Place of Birth (Street and Number), *531 Resume St*

5. Full Name of Mother, *Mary E. Culp*

6. Mother's Maiden Name, *Hohlbein*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Wm H Culp*

9. Father's Occupation, *Stationary Engineer*

10. Father's Birthplace, *City*

Name of Medical Attendant, *H. H. Hill M.D.*
or other person who makes this Return.

Address, *1001 E. Monument Ave*

Remarks,

This schedule shall contain a list of the births which have occurred under the act for each year, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been transferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the usual attendance of a physician or other person, the practitioner shall be required to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 8/1/33

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 2nd 88

4. Place of Birth, (Street and Number)

1503 Stricker

5. Full Name of Mother,

Mary E. Justice

6. Mother's Maiden Name,

Mary E. Gaster

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

H. V. Justice

9. Father's Occupation,

Painter

10. Father's Birthplace,

Ashville N.C.

Name of Medical Attendant, or other person who makes this Return.

L. J. Lee M.D.

Address,

108 Druid Hill Ave. (Annapolis)

Remarks,

L. J. Lee - from

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration. It shall be the duty of the Registrar to cause a certificate between the first and third of each month to be sent to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother to report its birth to the Commissioner of Health in this manner, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name and color of the child, the full name and occupation of its parents, the date and place of birth, and the date of delivery, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person attending the birth of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties hereinafter are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A. 8434

1. Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Dec. 21. 1888

4. Place of Birth, (Street and Number)

1439 Gilman St

5. Full Name of Mother,

Sarah C. Whitney

6. Mother's Maiden Name,

Sarah C. Goss

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

Robert S. Goss

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Salisbury Co.

Name of Medical Attendant, or other person who makes this Return.

J. S. Gray M.D.

Address,

108 Donald Hill Ave. (East side)

Remarks,

L.S.O. for

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

52

A. 8435

♀ females

1. *Sex, (state wheiher male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)...*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Dec. 21st 1888

Woodberry Ave. Woodberry, B. Alb.

Maria T. Selby
Maria T. Disney
Woodberry, Ind.

Lawson L. Bell

Roller Covered
Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Geo. T. Shower M.D.

Address, 119 Third Ave. Woodberry, Ball. Md.

Remarks, ...

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *W* *o* *t* *h* *e* *r* *'* *s* *M* *i* *d* *d* *e* *n* *N* *a* *m* *e*,

7. *Mother's Birthplace,*

Full Name of Father,...

9. Father's Occupation,

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of a month, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th A. 8437*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *~~Black~~*

3. Date of Birth, *Dec 21st*

4. Place of Birth, (Street and Number) *1519 S Race St*

5. Full Name of Mother, *Annie Elizabeth Falk*

6. Mother's Maiden Name, *Annie E Reinhardt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Paul Falk*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Catharina M. Murphy*

Address, *800 Badenball St.*

Remarks,

[illegible]

224 J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

28

Female

White

Dec 21 88.

424 No. High St

Mary Clift & L

" Bogarty

Va. I

Thomas Clifford

Labore

Scott and

J. H. Robinson
1726 E. Preston St.

Remarks.

[illegible]

27

Second A. 8439
Male -

Male.

Dec. 21 - 88

1104 N. Wolfe St

Annie. Verner.

" Archer

Ball.

John. Turner

Miller

Ballo

Mrs Mary A. Alden

912 Mc Donough St

Remarks,

[illegible]

| No. | Child of Mother, (state whether 1st, 2d, 3d, &c.) | Sex | Age |
|-----|---|---------------------------|-------|
| 1. | Sec. (State whether male or female) | Female | |
| 2. | Race or color, (if not of the white race) | White | |
| 3. | Date of Birth, | December 21 st | 1888 |
| 4. | Place of Birth, (Street and Number) | Balt. 1911 Lemon street | |
| 5. | Full Name of Mother, | Mary Cecelia Hodges | |
| 6. | Mother's Maiden Name, | " " Hawk | |
| 7. | Mother's Birthplace, | Baltimore | M. D. |
| 8. | Full Name of Father, | John William Hodges | |
| 9. | Father's Occupation, | Wheel Wright | |
| 10. | Father's Birthplace, | Baltimore | |
| | Name of Medical Attendant, | Mrs Lindner | |
| | Address, | 106 South Monroe Street | |
| | Remarks, | | |

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The first **A.** 8442
Female

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. Date of Birth,

22nd September

4. Place of Birth, (Street and Number)

225. N. Fremont. Ave.

5. Full Name of Mother,

Mrs. Anna. Lutheran. Coop.

6. Mother's Maiden Name,

" " Heim

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Benjamin. J. Coop

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. B. Lindner

Address,

106. St. Louis St.

Remarks,

REGISTRATION OF BIRTHS. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, or other person who makes this return. It shall be the duty of every child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and to file a true and correct copy of this return with the Commissioner of Health. Any person who neglects to file a true and correct copy of this return, or who files a false return, shall be liable to a fine of ten dollars for each offense, to be recovered in any of the courts of law and forfeitures are recoverable in any of the courts of law.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, the date of birth, the sex, the race or color, the date of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d 84/43
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, December 22nd 1888
4. Place of Birth, (Street and Number) 1438 Patapoco Street
5. Full Name of Mother, Ellen Cecelia Graham
6. Mother's Maiden Name, Ellen Cecelia Barrett
7. Mother's Birthplace, Ireland
8. Full Name of Father, Stephen Calvin Graham
9. Father's Occupation, house Carpenter
10. Father's Birthplace, Frederick County Md
Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson
Address, 1434 Patapoco Street
Remarks, Child healthy

life of the child. This schedule shall contain a list of the births which have occurred under her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been born, the date of birth, the date and place of birth, the date and place of residence, the date and place where conferred, the sex, color, the full name and occupation of its parents, the date and place of birth and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health on the third day of each and every month. The practitioner shall file with the Commissioner of Health, on the third day of each and every month, a copy of the schedule of births which have occurred under his care during the month, in case the birth of any child should occur, and the birth of any child should be stillborn, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and in accordance with the provisions of this section, the practitioner shall file with the Commissioner of Health, if any such person or persons who call hereafter fall to comply with the provisions of this section, and if any such person or persons who call hereafter fail to comply with the provisions of this section, the same are recoverable.

4-730

6 cl. 8444

- Miale

Dec 22nd 1888

2403 E. Monument

Rosa Linhardt

Cezkupa

Bohemian
Jakob Linhardt
Tailor

Tailor
Bohemian

Josephine Conrad
1621 Barnes

1621 Barnes

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This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or in which the attendance of a physician is required, but no physician is present, the practitioner of Health, immediately thereafter it shall become the duty of the person requiring attendance upon the birth, to cause the same to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 811/45

1. Sex (state whether male or female), male

2. Race or Color (if nat of the white race), colored

3. Date of Birth, Dec 22/88

4. Place of Birth (Street and Number), 831 Vine St.

5. Full Name of Mother, Mrs. Emily Holmes

6. Mother's Maiden Name, " C. Neal

7. Mother's Birthplace, va

8. Full Name of Father, Geo. W. Holmes

9. Father's Occupation, Coachman

10. Father's Birthplace, va

Name of Medical Attendant, or other person who makes this Return, T. C. Worthington

Address, 840 W. Fayette St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* *A 8445*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Dec 23 - 1888*

4. Place of Birth, (Street and Number) *215 S. Register St.*

5. Full Name of Mother, *Isabella Fritz*

6. Mother's Maiden Name, *Heil*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Conrad Fritz*

9. Father's Occupation, *Letter Carrier*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return *Mary Heil*

Address, *427 E. Hall St.*

Remarks,

of each birth, and shall enter the name on a blank schedule to be furnished for the Commissioner of the Registrar of Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child, to the Commissioner of Health, or to the Registrar of Births, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period actually required, and any such person who neglects to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th A. 8447*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Dec. 23^d 1888*

4. Place of Birth, (Street and Number) *847 N. Durham*

5. Full Name of Mother, *Lizzie ~~Renee~~ Crach*

6. Mother's Maiden Name, *" Renee*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Frank Crach*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return. *Josephine Conrad*

Address, *1624 Barnes St.*

Remarks, *C.*

This schedule shall contain a list of the births which have occurred under the laws of the State during the month, and shall set forth as far as the same can be ascertained the following particulars: the date and place of birth; and the sex, color, race, and name of the child; the name of the mother, and the name of the father; the name of the medical attendant; and the name of the person who makes this return. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or without the attendance of the person or persons of such child to report its birth to the Commissioner of Health, the Commissioner of Health shall immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

[illegible]

No. of
1. Sex
2. Race
3. Date

2ma.

A. 84.48

Female.

white

Sunday December 23rd. 1887

1630 E. Madison St.

Amelia S. ~~Wright~~, Sp. in.

Amelia S. Linn.

Balt. Md.

Perry Spier

Stone Cutter

Balt. Ind

Wilmer Barnton M.D.

Chas H. Hornet Place

4. 2 BULAHY & SO, CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or ~~female~~.)

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 23rd 1888

4. Place of Birth, (Street and Number) *S. Castle St No 406*

Full Name of Mother, Lizzie Schorr

6. Mother's Maiden Name, *Lizzie Bepp*

Mother's Birthplace, Baltimore City

8. Full Name of Father, John A Schorr

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. *Harry E. Miller*

Address, N. Dallas St No 114

Remarks.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and time of its birth, and the attending physician or practitioner of midwifery, or should an other person be in attendance upon the birth, the name of such person, and the name of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First - A. 8451

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 23rd 1888

4. Place of Birth (Street and Number),

908 Hollins St

5. Full Name of Mother,

Mrs Mary Bell

6. Mother's Maiden Name,

Mary Williams

7. Mother's Birthplace,

Balto

8. Full Name of Father,

C. A. Bell

9. Father's Occupation,

Atty

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

C. H. Phillips

Address,

735 W. Lombard St

Remarks,

[illegible][illegible]

Enoch 8452

Full

34. Life

December 3 1888

1525 Pennsylvania St

Kennie Belcher

Stennie Lang

Germany

Transit Belcher

Butcher

Germany

Mrs. Annie Knapp

1507 *Parabryconia* Stec

Remarks,

register of such birth, and shall enter the same in a blank schedule to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its death, if it shall have died within the month. A certificate between the first and third day of each and every month to the office of the Commissioner of Health, and shall be in the form of the following, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *C.*

A. 8453

1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *24 of Dec. 1888.*
 4. Place of Birth, (Street and Number) *716 S. Charles St.*
 5. Full Name of Mother, *Mrs. Charles Vogel.*
 6. Mother's Maiden Name, *Elisebeth Strauss.*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *Charles Vogel.*
 9. Father's Occupation, *Shoemaker.*
 10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Muenck.*
- Address, *Cor. Montgomery & Leadenhall.*
- Remarks, _____

registrar of such birth, and shall enter the same on a birth certificate, to be furnished by the Board of Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred to sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 8454
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 24. 1888
4. Place of Birth, (Street and Number) 175 Harrison St
5. Full Name of Mother, Ganie Parstanelsky.
6. Mother's Maiden Name, Ganie Schreiber
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Parstanelsky.
9. Father's Occupation, Redder
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return. Mrs R Goldsmith
- Address, 119 High St
- Remarks,

CERTIFICATE CORRECTED 1-20-56
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Amelia Leffert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st A. 8457

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th December 1888

4. Place of Birth, (Street and Number)

1051 Struggle Avenue

5. Full Name of Mother,

Amelia Leffert

6. Mother's Maiden Name,

Amelia M. Dietrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John George Leffert

9. Father's Occupation,

Gunner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Annie M. Mangel

Address,

1503 Pennsylvania Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the physician, midwife, or other person attending the birth, and shall be returned to the Commissioner of Health, or to the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth occurred. The full name of each child, if any shall have been ascertained, the sex, color, the full name of the mother, the name of the father, the date of birth, the place of birth, and the name of the medical attendant, shall be entered on the schedule. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to enter the birth on the schedule, and to sign the same, and to file the same with the Registrar of Vital Statistics, or with the Commissioner of Health, on or before the first day of the month following the month in which the birth occurred. Any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible]

1st

A. 8458

- 2
4.
5.
6.

under whose charge or supervision a birth is reported, shall be liable for each offense to be recovered as other fines and forfeitures are recoverable, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report the birth to the Commissioner of Health, and the said schedule shall be supplied with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- DEPARTMENT OF HEALTH*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 845.9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 24/88
4. Place of Birth, (Street and Number) 1400 Penna Ave
5. Full Name of Mother, Ellen Bibelhizer
6. Mother's Maiden Name, Ellen Morris
7. Mother's Birthplace, W'd
8. Full Name of Father, Francis Bibelhizer
9. Father's Occupation, Turner
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Miller M.D.
- Address, 639 Franklin St
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 8460

1. Sex. (state whether male or female) *Male*

2. Race or color, (if not of the white race) (1)

3. *Date of Birth,*

Dec 24th 1888

4. Place of Birth, (Street and Number) 1423 Bank St.

5. Full Name of Mother,

Size 11.5
" " 12.5

C. *Mother's Maiden Name,*

Copy:

7. *Mother's Birthplace,*

7. Mother's Birthplace, _____
8. Full Name of Father, Leopold Tharner

9. *Father's Occupation,*

Shoe-maker:

January.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Mr. Liza Betz
1511 Barclay St.

Address,

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

S. M. A. 8461

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3 Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,* ...

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

516 Fort Ave

5

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 8465

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Female

1. Race or Color, (if not of the white race) 24th day of December
 2. Date of Birth, (Street and Number) Baltimore
 3. Place of Birth, (Street and Number) 2009 Street 618
 4. Full Name of Mother, Amelia G. Kolscher
 5. Mother's Maiden Name, John G. Miller

6. Mother's Birthplace, Baltimore
 7. Full Name of Father, John G. Smith
 8. Father's Occupation, Maryland
 9. Father's Birthplace, Baltimore
 10. Name of Medical Attendant, Dr. A. D. Ball

Address,
 Remarks,

or other person who
 makes this Return

800

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been entered in the register, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The schedule shall be filed in the office of the Commissioner of Health, and shall be subject to the inspection of the public. The Commissioner of Health shall cause the birth of each child to be registered on the third day of each and every month in the office of the Commissioner of Health, in case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the inspection of the public. Any person who fails to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered and paid in full, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 8462
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 24th day of December
4. Place of Birth, (Street and Number) Baltimore Henry Street 618
5. Full Name of Mother, Amelia G. Kolscher
6. Mother's Maiden Name, Amelia G. Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, John F. Kolscher
9. Father's Occupation, Gen. Smith
10. Father's Birthplace, Baltimore Maryland
- Name of Medical Attendant, or other person who makes this Return, Mathew M. Munch
- Address, 800 Seaboard St.
- Remarks, _____

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 A 8463

Male

Write

Dec. 24 88.

907 E. Madison St.

Annie Christopher

" Kuhlén

Germany

J. Harry Christopher

Upholsterer.

Transcribed

J. H. Robinson M.D.

716 E. Pearson St.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 4-26-57
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Millard Sylvester Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A. 841.04

1. Sex (state whether Male or Female)...

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Dec. 24 - 88

4. Place of Birth (Street and Number)

1211

Shields alley

5. Full Name of Mother

Florance Lundy Smith

6. Mother's Maiden Name

Florance L. Crawford

7. Mother's Birthplace

Balto Co Md

8. Full Name of Father

George Lewis Smith

9. Father's Occupation

Builder

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. B. D. Wylie M.D.

Address

Remarks

File Date - Dec 31, 1888 619 McCallum St

register of such birth, and shall enter the same in a book, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and as each birth is ascertained, the full name of each child, if any shall have been born, and the sex, race or color, the date of birth, the place of birth, the full name of the mother, and the name of the father, shall be entered in the said schedule, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind, who shall be present at the birth, to immediately report the same to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with this provision, shall be liable to a fine of not less than \$100 nor more than \$500, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A. 8465

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 25th

4. Place of Birth, (Street and Number)

Baltimore #235 St. Paul Avenue

5. Full Name of Mother,

Mary H. Lewis

6. Mother's Maiden Name,

Mary H. Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John P. Lewis

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Mrs. Dunder

Remarks,

217 North Charles St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

A 8458

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 25th 1888.

4. Place of Birth, (Street and Number)

1520. Lancaster St. Balto. Md.

5. Full Name of Mother

Barbara Hopf

6. Mother's Maiden Name

Barbara Behm

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

William Hopf

9. Father's Occupation

Labour

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this return.

Mary Leidner

Address

521. South Ann St. Balto. Md.

Remarks

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 8469*

1. Sex, (State whether male or female) *Female.*

2. Race or color, (if not of the white race)

3. Date of Birth, *Dec. 25-7/1888..*

4. Place of Birth, (Street and Number) *520. Sharp. St.*

5. Full Name of Mother, *Barbara Bass.*

6. Mother's Maiden Name, *" Stambury.*

7. Mother's Birthplace, *Balt., city.*

8. Full Name of Father, *Samuel Bass,*

9. Father's Occupation, *Liquor Dealer,*

10. Father's Birthplace, *Balt., City.*

Name of Medical Attendant, or other person who makes this Return. *R. J. A. Tall, M.D.*

Address, *524 Sharp. St.*

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 8470

Female

white

Dec. 25 - 1858

Cor M Honey & Bentlow St.

Anna Speck

Anna Kratz

Med

Robert Sparks

But I had

9/11/01

Mr H Carter Mr W

1807 W. Balto. ff

[illegible][illegible]

- [illegible]

Baltimore under a
 register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
 health, and shall set forth as far as the name can be ascertained the full name of each child, if any child
 been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the
 said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health, in case the birth of any child
 third day of each and every month to the office of the Commissioner of Health, or in case no other person be in
 shall occur within the period of three months after the birth of the child, the practitioner, thereafter, it shall become the duty of the person, or
 child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 8472

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 25/88

4. Place of Birth, (Street and Number)

1012 Low St.

5. Full Name of Mother,

Betsy Leberwohl

6. Mother's Maiden Name,

Betsy Levy.

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Alex. Leberwohl.

9. Father's Occupation,

Printer

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who
 not this return.

Mrs R Goldsmith

Address,

119 High St.

Remarks,

[illegible]

IAN C. '89

4. A. 8473

Male

White

Dec 23.

617 Vermont Ave Wash

Moll's Heinrich

Meddie Friedrichs

Balle

J. C. Heinrich

Cochrane.

Ballo

Mrs C Seebach

735 H. Pratt sheet

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

Date of Birth, Dec 25th 88

4. Place of Birth, (Street and Number) 526 Arlington Ave

6. Full Name of Mother, Catherine A. Doyle

6. Mother's Maiden Name. *Boyle*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, Daniel H. Doyle

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *MD*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sheller and
639 Franklin St

[illegible]

[illegible]

1
2
3
4
5
6
TAN

4 - ^WA. 5475
female W.

- Dec. 25th

2. 23
908 N. Durham

- Marie Kaspar

- " John
Bohemian

- John Kaspar
Tailor

- Tailor

- Bohemia

- Joseph Conrad
1621 Barnes

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her direction, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth of any child shall occur without the attendance of a physician or practitioner of medicine, to the Commissioner of Health, and upon the receipt of the same the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A8476
12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 26th of December

4. Place of Birth (Street and Number), 2100 West Pratt St.

5. Full Name of Mother, Elizabeth Schmidt

6. Mother's Maiden Name, Elizabeth Hall

7. Mother's Birthplace, Hessen

8. Full Name of Father, Carl Schmidt

9. Father's Occupation, Saloonkeeper

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Friedman's Kauler midwife

Address, 2100 West Pratt St.

Remarks,

Baltimore under whose charge or subject the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of birth, the place of birth, and the name of the medical attendant. The schedule shall be delivered to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this act, and any person who fails to do so shall be liable to the fine of ten dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 5478

1. Sex, (State whether male or female) Female,

2. Race or color, (if not of the white race) White

3. Date of Birth, Wednesday December 26th. 1888

4. Place of Birth, (Street and Number) 206 Aisquith St.

5. Full Name of Mother, Lillian L. Jones

6. Mother's Maiden Name, Lillian J. Blouck

7. Mother's Birthplace, England

8. Full Name of Father, Milton L. Jones

9. Father's Occupation, Law Collection Agency

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, William Brimmer M.D.

Address, Chas. St. & Funder Place

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 8479

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 7 1888

4. Place of Birth, (Street and Number)

908 Booth St.

5. Full Name of Mother,

Matilda O'Brien

6. Mother's Maiden Name,

Matilda Parnus

7. Mother's Birthplace,

West River

8. Full Name of Father.

Samuel O'Brien

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Unknown

Name of Medical Attendant, or other Person who makes this Return

May Jane Richardson

Address,

315 King St.

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Madam, under whose charge an infant is delivered, a birth shall be recorded, to be furnished by the Commissioner of Health, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be returned to the Commissioner of Health, and the full name of each child, if any shall have been conferred in any color, the full name of the mother, and the date of birth, and the date of the third day of each and every month to the office of the Commissioner of Health. No child the birth of which shall occur without the attendance of a physician or practitioner of medicine, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall be so in attendance upon the mother, and who shall be so in attendance upon the mother, shall be liable to the fine of ten (10) dollars for each offense, to be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A. 84/80

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

27 of Dec. 88

4. Place of Birth, (Street and Number)

655 West Pratt City

5. Full Name of Mother.

Mary Danausek

6. Mother's Maiden Name,

" Dobron

7. Mother's Birthplace,

ober Ungarn

8. Full Name of Father,

Alois Danausek

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

ober Ungarn, Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. C. Seebach.

Address,

735 W Pratt street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A. 8481

1. Sex, (state whether ~~male~~ or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 27th 1888*
 4. Place of Birth, (Street and Number) *S. Bethel St No 102*
 5. Full Name of Mother, *Annie Beste*
 6. Mother's Maiden Name, *Annie Purden*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *August Beste*
 9. Father's Occupation, *Baker*
 10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return. *Mary E. Müller*
- Address, *N. Dallas St No 114*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8482

Frank

race).

Dec 27th 1888.

623 Rev. 16.

John W. Sumner

" " Rosemoller

Costa

Andrew Gurner

Shoemaker

CE 11712.14

Mr. Lisa L. L.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

A. 4454

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 27th, 1888

4. Place of Birth, (Street and Number)

126 Sharp St.

5. Full Name of Mother,

Mary Guselis

6. Mother's Maiden Name,

Mary Panchargis

7. Mother's Birthplace,

Russia

8. Full Name of Father,

John Guselis

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this return.

J. Jenkins Jr., Md.

Address,

222 N. Liberty St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health, and shall set forth on each schedule the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the physician, in the form of a certificate between the first and third day of each and every month to the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered on any fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A. 8485

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 Dec 1898
4. Place of Birth, (Street and Number) 714 S. Duncan ally
5. Full Name of Mother, Theresa Boudy
6. Mother's Maiden Name, Wilcox
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jerry Boudy
9. Father's Occupation, Sailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Keptist

Address, 207 S Washington St

Remarks,

Baltimore under whose charge or superintendence a birth shall be recorded, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which schedule shall be carried under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars: the name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and the date of its registration. In case the birth of any child shall be reported to the office of the Commissioner of Health, by a physician or practitioner of medicine, or by a midwife, or by a nurse, or by any other person, the said person shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

40 A. 8436

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December of 27.

4. Place of Birth, (Street and Number)

1001. Library St.

5. Full Name of Mother,

Ida Ermer.

6. Mother's Maiden Name,

Ida Ermer.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Anton Ermer.

9. Father's Occupation,

Cabinetmaker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Augusta Bohlen

Address,

927 South Library St.

Remarks,

[illegible][illegible]

152

A 8487

- Male
White
Dec 27th
1133 S. Chalmers
May Ostford
" Streets
Maud
Mrs P. Ostford
Blacksmith
City
St Paul and
511 Hammond

I Purchased
571 Hanson St

571 Hanson

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

David Childs

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

11

3. *Date of Birth.*

Dec 3rd 1888

4. *Place of Birth.* (Street and Number)

1010 Simon St

5. *Full Name of Mother.*

Annex A. 100

6. *Mother's Maiden Name,*

Annie L. Farrell

7. *Mother's Birthplace.*

Greensboro N. Carolina

8. Full Name of Father,

James A. Baker

9. *Father's Occupation.*

Charles F. Parker.

10. *Father's Birthplace,*

Bait box

Name of Medical Attendant, or other person who makes this Return.

George Bonner

Address,

Popleton St. One Lion Smith of Bayette

Remarks.

23rd September 32

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second (2) A. 8484

- Male.

- W. H. L.

- Dec. 2nd 1881.

- 406 Pearl St

- Amici, Frank.

- Annie Wilson

- Pollicerus Cornutus*

- James D. Smith

- 1892

- Resting on the

Susan Hunt

PAUL H. HENNINGSEN

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A. 5490

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

317 Dover Street

4. Place of Birth, (Street and Number)

Dec 28 1888

5. Full Name of Mother,

Mary Lizzie Ellis

6. Mother's Maiden Name,

Mary Lizzie Green

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Ellis

9. Father's Occupation,

Cook

10. Father's Birthplace,

Princess Ann County

Name of Medical Attendant, or other Person who makes this Return

Mary Jane Richardson

Address,

315 King Street

Remarks,

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEPARTMENT
JAN 2 1889

Baltimore, under a law which requires every person who registers a birth, to fill out a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of the month in which the child was born, and the name of the physician or practitioner of midwifery, or should the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parent or person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and in conformity with the regulations of the Commissioner of Health, the said returns shall be made, and the same shall be subject to the fine of ten (10) dollars for each offence, to be recovered as a civil debt, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 8491

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Dec. 28th 1888

3. Date of Birth,

4. Place of Birth, (Street and Number)

1626 Barnes St

5. Full Name of Mother,

Josephine Conrad
Mika

6. Mother's Maiden Name,

" Bohemia

7. Mother's Birthplace,

Francis Conrad
Taylor
Bohemia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Josephine Conrad
1626 Barnes

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st.

A 8492

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Friday December 28th. 1888.

4. Place of Birth, (Street and Number)

406 E. Chas. St.

5. Full Name of Mother,

Alie V. Cochman

6. Mother's Maiden Name,

Alie V. Broze,

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

James Cochman

9. Father's Occupation,

Wood & Coal Dealer.

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

Wilmer Bennett M.D.

Address,

Chas. St. & Forest Plaw.

Remarks,

By the Registrar of Vital Statistics, Baltimore City, this certificate is hereby made, that the birth of the child named above, and the name of the mother, and the name of the father, and the date of birth, and the place of birth, and the sex, and the race or color, and the occupation of the father, and the occupation of the mother, and the name of the medical attendant, and the name of the person who makes this return, are all true and correct, and that the same have been duly recorded in the books of the Registrar of Vital Statistics, Baltimore City, and that the same are hereby certified to the Office of the Registrar of Vital Statistics, Baltimore City, for the purpose of being recorded in the books of the Registrar of Vital Statistics, Baltimore City, and that the same are hereby certified to the Office of the Registrar of Vital Statistics, Baltimore City, for the purpose of being recorded in the books of the Registrar of Vital Statistics, Baltimore City.

[illegible][illegible]

25 A. 8493

Male

Dec. 28th 1888

Ave. Woodberry, 13 all.

21 Union Ave. Woodbury, N. Y.

Florence W. Jones

Florence D. Kafar

Manchester, N.H.

William C. Jones

Laburn

Woodbury, N.H.

Geo. T. Shover M.D.

Ball. Med.

[illegible]

104 J. C. BULAHY & CO., CITY PRINTING AND STATIONERS

13 A 8494
Male W

- Remarks,

or other person who
makes this Return.

Josephine Conrad
621 Barnes

[illegible]

1884 3 1789

- WED. J. C. DULANT & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing medicine or surgery shall be and is hereby required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and day of each birth, and the date and day of the birth of any child shall occur without the attendance of a physician or midwife or person authorized to practice medicine or surgery, or person who shall be certified by the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recovered 25 other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third A 8497
Male
White
28th of December
#933 Valley St.
Lizzie Manning
Wm. Manning
Baltimore
William Manning
Bookkeeper
Baltimore
Mrs. Hooden
#936 Queen Mt. L.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female),

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

A. 8498
The 4th Child
Female

White

The 28 of Dec 1888

No 812 Webster St

Lissie Lee Smith

Lissie (Smith)

South

Edward Lee Smith

Labor

Baltimore

John C. Luman

12059 Maryland Ave

Bal Md

1888

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the mother, or by the father, or by the person who has charge of the child, and shall be signed by the mother, or by the father, or by the person who has charge of the child, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each and every month to the office of the Commissioner of Health, and the same shall be retained in the office of the Commissioner of Health, and shall be subject to the inspection of any person or persons who shall hereafter fail to comply with the provisions of this act, and shall be subject to the fine of ten (10) dollars for each offense, to be levied and collected by the City and County of Baltimore, and shall be recoverable.

RETURN OF A LIFE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8411

1. Sex, (State whether male or female) *Boy*

2. Race or color, (if not of the white race) *W. Ind.*

3. Date of Birth, 28 Dec 1918

5. Full Name of Mother, *Rose M. M. M. M.*

6. Mother's Maiden Name, Kilbrink

Full Name of Father, John H.

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bahama*

Name of Medical Attendant, or other person who makes this return.

Name of Dealer _____
Address, 267 W. 102nd St. N. Y. C.

Remarks,

Remarks:

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

6500

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 28th 1888

4. Place of Birth, (Street and Number)

635 Vine St

5. Full Name of Mother.

Florence Howard

6. Mother's Maiden Name.

Florence Green

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Robert Howard

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who
make this Return

Dr. A. Gillies

Address,

437 W. Biddle St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Harrison Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Whita

- 3.
- Date of Birth,*

29th Dec. 1888

4. *Place of Birth, (Street and Number).*.....

124 S. Pot. Park Ave

5. *Full Name of Mother,*

Mary Blanche Disney
Harrison

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

Washington D.C.

8. *Full Name of Father,*

Thomas Hargest Disney

9. *Father's Occupation,*

Surveyor

10. *Father's Birthplace,*

Baltimore, Co.

Name of Medical Attendant, or other person who makes this Return.

E. P. Evans M.D.

Address,

1838 - E. Balto. St.

GIVEN NAME ADDED

11-2-53

Remarks,

6. m

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th A 8502

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Dec 29th 1888

4. Place of Birth, (Street and Number)

408 Oliver St

5. Full Name of Mother,

Kate Connor

6. Mother's Maiden Name,

Kate Clark

7. Mother's Birthplace,

England

8. Full Name of Father,

Frank Connor

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Pikesville Md

Name of Medical Attendant, or other person who makes this Return

James Logie M.D

Address,

1729 Guilford Ave

Remarks,

SEALING - And the Registrar of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the Registrar of Health, and shall be forwarded to the Commissioner of Health, and the said schedule shall be delivered, duly signed by the Registrar of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the Registrar of Health shall make every effort to obtain the name of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second* 8503
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *December 29th, 1858*
4. Place of Birth, (Street and Number) *575 St. Mary's (Hdqn)*
5. Full Name of Mother, *Anna E. Gibbs*
6. Mother's Maiden Name, *" " Smith*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *George W. Gibbs*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Maryland*
Name of Medical Attendant, or other person who makes this Return, *R. P. Venable M.D.*
Address, *160 Chestnut St.*
Remarks,

SECTION 7.—And be it further enacted and ordained that every person procuring the return of a birth to be made in Baltimore under whose charge and authority the same shall be made, shall keep a true and correct record of the same, and shall cause the same to be entered in a book to be kept for that purpose in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, and the sex, race or color, the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons who shall be present at the birth shall immediately report the same to the Registrar of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

A 8504

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 29 1888

4. Place of Birth, (Street and Number)

232 N. Bond St.

5. Full Name of Mother,

Mary Beckelman

6. Mother's Maiden Name,

Mary

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

Richard T. Beckelman

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

SECTION 7. - And be it further enacted and ordained, that every person practicing as a midwife in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, which shall be filled up by the midwife, and shall be sent to the Commissioner of Health, who shall cause the same to be filed in the office of the Registrar of Vital Statistics, and the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In said certificate or any bill shall occur without the name of the child, or the name of the mother, or the name of the father, or the name of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 4525
 1. Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) _____
 3. Date of Birth, Dec 29 1888
 4. Place of Birth, (Street and Number) 19 Bartlett Av. Annex.
 5. Full Name of Mother, Kate Daughton
 6. Mother's Maiden Name, Ellis
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William H. Daughton
 9. Father's Occupation, Salvager
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Commissioner of Health, and shall be liable to be examined by the Commissioner of Health, and shall be subject to the same penalties as are provided for in the Act of the General Assembly, passed March 27, 1888, relating to the practice of midwifery, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as of her fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Veronica Casserly
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *5507*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 29th 1888*

4. Place of Birth, (Street and Number) *Baltimore City Eager St 411*

5. Full Name of Mother, *Mary E. Casserly*

6. Mother's Maiden Name, *Mary E. Flittly*

7. Mother's Birthplace, *Ellicott City*

8. Full Name of Father, *James Casserly*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Woodin*

Address, *936 Greenmount ave*

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, paternity, and residence of the parents, and the maiden name of the mother of single child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this report

Address,

Remarks,

8508

Male
Colored
532 Addison Ally. Dec 29 1888
Grace Benson
Grace Foster
Carroll County
Samuel Benson
Laborer
Novara, Italy
Expense mistake
Mary Jane Richardson
316 King Street

[illegible]

Alice E. Bull

6th A 8509
Female

Ternule

29th December 1888

328 East Hamburg St

Elizabeth Bull

Harper

Alexandria Va

Thomas H. Bull

Engineer

Baltimore Ce Md

Elizabeth Jewell

516 Capt Rho

Remarks,

CHIEF PAGE 10250

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 8070

1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *December 29th 1888*
4. Place of Birth, (Street and Number) *#13 H. Washington St.*
5. Full Name of Mother, *Martha Jane Fowler*
6. Mother's Maiden Name, *Martha Jane ~~Smith~~ Chard.*
7. Mother's Birthplace, *Anne Arundel County Maryland.*
8. Full Name of Father, *Richard Francis Fowler.*
9. Father's Occupation, *Merchant Commission*
10. Father's Birthplace, *Anne Arundel County Maryland.*
Name of Medical Attendant, *or other person who makes this return. Dr John Davis.*
Address, *#235 H. Chester St.*
Remarks, *Natural delivery.*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under these change or superintendence a birth shall hereafter take place shall keep a true and correct record of every birth occurring in the City of Baltimore, and shall file the same with the Commissioner of Health. This schedule shall contain a list of the names of the mother and child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth and the name of the physician or practitioner who attended the birth, and the date and place of birth of the child, and shall be countersigned by the practitioner in the form of a certificate between the first and third day of each and every month, or in case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall immediately thereafter report to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third A. 8571*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 29 - 1888*

4. Place of Birth, (Street and Number) *N 107 Broad Alley*

5. Full Name of Mother, *He Schuman*

6. Mother's Maiden Name, *" Schain*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Max Schuman*

9. Father's Occupation, *Peddler*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Rebecca Kaplan*

Address, *N 107 Broad Alley*

Remarks, *Boy*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8512

1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Dec 27/88*
4. Place of Birth, (Street and Number) *1141 Little Mc Elroy Str.*
5. Full Name of Mother, *Etie*
6. Mother's Maiden Name, *" Green*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *A. Herman*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, or other person who makes this Return, *R. Kaplan*
Address, *107 Broad Alley*
Remarks,

[illegible]

GENERAL AFFIDAVIT

The Daily Record Print, Baltimore, A

State of Maryland, *City of Baltimore* to wit:

BE IT REMEMBERED, That on this 23rd. day of March

A. D. 1916, before me the subscriber, a Notary Public

of the said state, in and for the City aforesaid, personally appeared

Dr. Eberle G. Welch, of Baltimore City

and made oath in due form of law that the following should have been reported under the name of Di Paula and not Dipaoli.

A 82,050

A 63,012-87

A 18,956

A 14993 8513

A 45136 12-279

The above were recorded on November 16th. 1914.

*See above
numbers for deposit*

Eberle G. Welch
607 N. Charles St. Baltimore, Md

Anna S. [Signature]
Notary Public.

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a list of all births occurring in his or her family, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and this said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of a child occurs on the last day of the month, the schedule shall be delivered to the Commissioner of Health on the first day of the month following. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st A 8573

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White (Italian)
3. Date of Birth Sunday Dec 30th 88
4. Place of Birth, (Street and Number) 231 N. Calver St
5. Full Name of Mother, Mary DePaulo
6. Mother's Maiden Name, Mary Russo
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent DePaulo
9. Father's Occupation, Fruit Stand
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Eschschmidt

Address, 231 N. Calver St

Remarks,

"That any physician, accouchant, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 85-14

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

126 S. Howard St

4. Place of Birth, (Street and Number)

Gora Jarvis

5. Full Name of Mother,

Dec 30 1888

6. Mother's Maiden Name,

Gora Hanson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Jarvis.

9. Father's Occupation,

Porter

10. Father's Birthplace,

Newport Rhode Island

Name of Medical Attendant, or other Person who makes the Return

May Jane Richardson

Address,

813 Ring St.

Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, race, color, and the name of the mother, and the name of the father, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Child *Δ* 5075

1. Sex, (State whether male or female)

Little Girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

30th of December 1888

4. Place of Birth, (Street and Number)

No 11 Carroll ave

5. Full Name of Mother,

Mrs. Schenchart

6. Mother's Maiden Name,

Miss Galler

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr Charles Schenchart

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hiller

Address,

2127 west Pratt st

Remarks,

Section 1. And be it further enacted, that any person who shall neglect to register a birth, or shall register a birth in violation of the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable in Baltimore City. And be it further enacted, that any person who shall neglect to register a birth, or shall register a birth in violation of the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable in Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. Child **A.** 8577

1. Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 30th of December 1888

4. Place of Birth, (Street and Number)

No 332 Monroe st

5. Full Name of Mother,

Mrs Hofmann

6. Mother's Maiden Name,

Mein Schubrich

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr Charles Schubrich

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Hiller

Address,

2127 West Pratt st

Remarks,

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, prior to the birth, register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the said schedule may require, the full name of each child, if any, and the date of birth, the sex, color, the full name and occupation of its mother, and the name of the practitioner, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended upon by the practitioner of midwifery, or practitioner of medicine, shall be attended by the said child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 8578*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 30th 1888*

4. Place of Birth, (Street and Number) *619 Hickory Ave*

5. Full Name of Mother, *Mary L. Strum*

6. Mother's Maiden Name, *" " Beck*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Robt. W. Strum*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *R. P. Vorreut M.D.*

Address, *160 Chestnut Ave.*

Remarks, *Premature birth 8th month.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 8579

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 30th 1898

4. Place of Birth, (Street and Number)

407 East Monument St.

5. Full Name of Mother,

Annie Kennedy

6. Mother's Maiden Name,

Annie McDonald

7. Mother's Birthplace,

County Wexford Ireland

8. Full Name of Father,

Ambrose Kennedy

9. Father's Occupation,

Labourer

10. Father's Birthplace,

County Wexford Ireland

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

2300 Bayview St

Remarks.

Signature. And be the mother executed and certified shall every day take place, until kept a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been born, the date of birth, the race or color, the sex, the date of delivery, the name of the physician, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should on other person be in attendance, the person so attending shall be required to report the same to the Commissioner of Health, and shall be liable to a fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible]

12th A 852

Female

White

White
December 30th /88

1417 Hoffman St

Paulina Mackelmai

" Schmith

Norfolk.

Walter Mackelmaier

Upholsterer

Baltimore

Mrs. H. A. Bitt

1245 Monument St. e

All Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child A 8223
 1. Sex (state whether male or female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth December 21 1898
 4. Place of Birth (Street and Number) 515 Union St.
 5. Full Name of Mother Therapie Hoffman
 6. Mother's Maiden Name Hoffman
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John Hoffman
 9. Father's Occupation Street Cleaner
 10. Father's Birthplace in Baltimore
 Name of Medical Attendant, or other Person who makes this Return...
 Address Windsor Terrace, Apt. 538, South Baltimore
 Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child A. 8554*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *Caucasian*

3. Date of Birth, *Dec 31/88*

4. Place of Birth, (Street and Number) *1307 Jefferson St*

5. Full Name of Mother, *Priscilla Hunter*

6. Mother's Maiden Name, *Priscilla Hunter*

7. Mother's Birthplace, *Lancaster Pa*

8. Full Name of Father, *Thomas Hunter*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Lucinda Hunter*

Address, *132 Regester St*

Remarks,

SECTION 101. And he [the Registrar] shall receive and file the returns of births, and shall cause the same to be entered on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the name of the person who shall hereafter (and to comply with the provisions of this section) shall be subjected to the fine of ten (10) dollars for each absence, to be recovered by other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, and shall be retained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. No fee shall be charged for such certificate, and no person shall occur without the same, and no person shall be liable to any penalty or punishment for failing to deliver such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

Dec 31 - 1888

1238 Jackson St.

Annie Elizabeth Schoenhals

Hart

Baltimore

Geo. Schoenhals

Lithographer

Baltimore

Mary Stein

1427 E. Pratt St.

[illegible][illegible]

95

A. 8635

- Female

H. W. Meyer M.D.

814 W. Lynehard, Sh

Natural Labor,

[illegible][illegible]

34 A. 852

Maer

white

Dec 31st 11.57 PM

342 Parkin Ln

Rose Pemberton

Rose Newby

Virginia

John Pemberton

Iron Howler

Virginia

Geo R Enabauer M.D.

Remarks,

SECTION 2.—And be it further enacted and ordained that every person practicing medicine or surgery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the birth, and shall be filled out by the practitioner, or his or her care during the month, and shall be set forth for the full name and occupation of its parents, the date and place of birth, and the sex of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance without the attendance of a physician, to the office of the Commissioner of Health, on or before the third day of each and every month, and shall be retained by the Commissioner of Health, in the manner and within the period above required, and shall be subject to the inspection of the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th - A. 8528

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec. 31st 1888

4. Place of Birth, (Street and Number)

1910 Horn St.

5. Full Name of Mother,

Marie Brown

6. Mother's Maiden Name,

" " Herzli

7. Mother's Birthplace,

Ch. Bohemia

8. Full Name of Father,

Ch. Brown

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address,

Josephine Bond
1621 Barnes

Remarks,

Section 5.—And he is further directed and enjoined that every person practicing midwifery, in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as may be ascertained, the name of the mother, the date and place of birth, and the name of the father, and the name of the physician or practitioner of midwifery, or of the person or persons of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or persons of such third day of each and every month to the office of the Commissioner of Health, in the case of the birth of any child, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A. 8529

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 31, 1888

4. Place of Birth, (Street and Number)

2202 Eastern Avenue

5. Full Name of Mother,

Florence Aider

6. Mother's Maiden Name,

Florence Hamilton

7. Mother's Birthplace,

Annapolis

8. Full Name of Father,

Samuel Aider

9. Father's Occupation,

Cane-maker

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary J. Swaine

Address,

26 Lexington St.

Remarks,

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence any child is born, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge for a month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be a female, the sex, color, the full name and occupation of its parents, the date and place of birth; and the midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month next ensuing the birth of the child, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the midwife to report the birth to the Commissioner of Health, in the manner and within the period above required, and say each child is born who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second A. 8530

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 31-85

4. Place of Birth (Street and Number),

524 E. Cross St.

5. Full Name of Mother,

Kate O'mara

6. Mother's Maiden Name,

Kate Clancy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John O'mara

9. Father's Occupation,

Painter

10. Father's Birthplace,

Ireland

Name of Medical Attendant. or other person who makes this Return.

Chas. R. Shefferd M.D.

Address,

48 E. Montgomery St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *A. 8631*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 1st 1888*

4. Place of Birth, (Street and Number) *N^o 1111 Leadenhall street*

5. Full Name of Mother, *Emma Jane Jenkins*

6. Mother's Maiden Name, *Emma Jane Reed*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Cornelius Jenkins*

9. Father's Occupation, *fireman*

10. Father's Birthplace, *Pocomoke City*

Name of Medical Attendant, or other person who makes this Return, *Ellenora A. Anderson*

Address, *N^o 1434 Patuxent Street*

Remarks, *fine healthy child*

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall retain the same until the birth of the child is reported to the office of the Registrar of Vital Statistics, and shall thereupon deliver the same to the Registrar, who shall be authorized to examine the same, and if found correct, shall be returned to the practitioner, and if found incorrect, shall be retained by the Registrar, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered by the City of Baltimore.

Section 5.—And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filed forth as far as the name can be ascertained, the full name of each child, of any age, shall have been conferred, and the date of birth, the date and place of birth, and the date of the birth of any child, shall be entered, and the name of the physician or practitioner of midwifery, or of the person or persons who shall occur without the attendance of a physician or practitioner of midwifery, or of the person or persons who shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons who shall occur upon the mother, in the manner and within the period above required, and any such person or persons who shall be in compliance with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered by other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* A. 8532
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *December 2.*
4. Place of Birth, (Street and Number) *211 S. Fremont St*
5. Full Name of Mother, *Mrs. A. S. Sinner*
6. Mother's Maiden Name, *Mrs. A. S. Michaelis*
7. Mother's Birthplace, *Saxville* *German*
8. Full Name of Father, *George M. S. Sinner*
9. Father's Occupation, *Keep. Lager Beer Saloon*
10. Father's Birthplace, *Kannover* *German*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Seelbach*
- Address, *735 W. Pratt St*
- Remarks,

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* A. 8533
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 2nd 1898*
4. Place of Birth (Street and Number) *No 1030 North Fulton Ave*
5. Full Name of Mother *Sida Celestine Beard*
6. Mother's Maiden Name *Sida G. George*
7. Mother's Birthplace *Elkton, Cecil Co Md*
8. Full Name of Father *John Wesley Beard*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Rutland Vermont*
- Name of Medical Attendant, or other Person who makes this Return, *W. H. Watson*
- Address *1034 N. Fulton Ave*
- Remarks

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereinafter take place shall be required to file with the Registrar of Health a return of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed with the Registrar of Health on or before the first day of January next following the year in which the birth occurred. The schedule shall be filled out by the midwife, and shall contain the following particulars:—The name of each child, at any time conferred; its sex, color, the full name and occupation of its mother, the name of the practitioner of midwifery or physician who attended the birth, the date of birth, the place of birth, the name of the mother, the name of the father, the occupation of the father, the name of the medical attendant, the name of the person who makes the return, the address of the mother, and the name of the person who makes the return. In case the birth of any child shall occur within the City of Baltimore, and the midwife or practitioner of midwifery or physician who attended the birth shall fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are irrecoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 85341*

1. Sex, (state whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *December 2nd 1888*
 4. Place of Birth, (Street and Number) *Hill St (4th)*
 5. Full Name of Mother, *Laura Freyette*
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father, *Joseph Freyette*
 9. Father's Occupation, *Boiler*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return *R. B. Norment M.D.*
- Address, *60 Chestnut St.*
- Remarks,

Section 7.—And he is further enacted that every person practicing midwifery in the City of Baltimore under the license or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth which have occurred under his or her care, giving the month, day, year, sex, color, and the name of the child, the date and place of birth, and the name of the mother, and the name of the physician or midwife, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health. In the manner who within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ³² A. 85-38

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth Dec. 3^d 1888

4. Place of Birth, (Street and Number) 1520 Eutaw Place,

5. Full Name of Mother, Blanche Prevost Dammann

6. Mother's Maiden Name, Blanche Prevost

7. Mother's Birthplace, Balto

8. Full Name of Father, Ignatius A. Dammann

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, F. E. Whataid, Jr.
or other Person who makes this Return.

Address, 576 Oak Ave

Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, in the Office of Health, in the City of Baltimore, at the expiration of each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of the parents, the date and place of birth, and the date of the birth, and the date of the death, if any shall have occurred, and the date of the burial, and the date of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period, above required, and the person or persons so failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable by the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

20d.

A. 8537

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 3d

4. Place of Birth, (Street and Number)

1130 Low St.

5. Full Name of Mother,

Mary Farris

6. Mother's Maiden Name,

Mary East.

7. Mother's Birthplace,

B. Alto.

8. Full Name of Father,

John H. Farris

9. Father's Occupation,

Basket Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Wm. H. A. Pitt

Address, 1245 Monument St. & Central av.

Remarks, All Well

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

get A. 8538

- section 2. And he it further enacted and ordained, that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall receive take place, shall keep a true and correct register of such birth, and shall enter the same on a weekly schedule, to be furnished by the Commissioner of Health, and shall send forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and schedule shall be delivered by the practitioner in the form of a certificate between the first and second week of the month in which the child is born, to the Commissioner of Health, who shall cause it to be entered upon the attendance upon the mother, immediately after it shall become the duty of the parent or person he is charged to report to the Commissioner of Health, in the manner and within the period above required, and he shall cause the same to be filed in the office of the Commissioner of Health, and the same shall be retained to the sum of ten dollars, each volume to be preserved as other files and volumes are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* 8539
 1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Dec. 8th 1888*
 4. Place of Birth, (Street and Number) *262 Hickory Ave. (Hampton)*
 5. Full Name of Mother, *Marta V. Sunderland*
 6. Mother's Maiden Name, *Oswelland*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Samuel Sunderland*
 9. Father's Occupation, *Hostler*
 10. Father's Birthplace, *Virginia*
 Name of Medical Attendant, or other person who makes this return. *R. B. Vornum M.D.*
 Address, *160 Chestnut Ave. Hampton*
 Remarks,

[illegible]

§ 30.55. And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the sex of the birth, the name of the mother, the name of the father, the date and place of birth, the name of the practitioner, the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of the month of January next ensuing, to the Commissioner of Health, to be filed in the office of the said Commissioner without the attendance of a physician or practitioner of midwifery, or should no person be in attendance upon the mother, immediately thereafter. If the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, shall be neglected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harvey Carlisle Patterson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9 *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth takes place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision, and shall be filled out by the midwife or practitioner of midwifery, or by any other person who shall be authorized by the Commissioner of Health. The schedule shall be delivered, duly signed by the midwife or practitioner of midwifery, or by any other person who shall be authorized by the Commissioner of Health, to the Commissioner of Health, on or before the first day of each and every month to the office of the Commissioner of Health, and the Commissioner of Health shall be under the duty of the person or persons of such a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in either civil or criminal proceedings.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

A-6-42

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 7th 1888

4. Place of Birth, (Street and Number)

276 Hickory Ave (Hampden)

5. Full Name of Mother,

Ananda C. Brooke

6. Mother's Maiden Name,

" Redden

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Aspen Brooke

9. Father's Occupation,

Labrer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return

R. B. Vornum M.D.

Address,

160 Chestnut Ave Hampden.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered by civil process, and such forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 557/3

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 5th 1888

4. Place of Birth. (Street and Number)

525 Forrest St.

5. Full Name of Mother,

Mary E. Cooper

6. Mother's Maiden Name,

Mary E. Dennis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. Cooper

9. Father's Occupation,

laborer

10. Father's Birthplace,

Arkansas

Name of Medical Attendant, or other person who makes this Return.

Dr. M. A. Butt

Address, 1245 Monument St S.W. cor Central av.

Remarks, All well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled out by the midwife or practitioner, and shall be sworn to by the midwife or practitioner, and shall have been conferred, its sex, color, the full name and occupation of its mother, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and form of this schedule, and for each failure to do so, or for each offense in being recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

A. 8544

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 5th 88*

4. Place of Birth, (Street and Number) *400 Pine St.*

5. Full Name of Mother, *Maggie E. Blondell*

6. Mother's Maiden Name, *" " Grady*

7. Mother's Birthplace, *Id.*

8. Full Name of Father, *Wm. H. Blondell*

9. Father's Occupation, *Messenger*

10. Father's Birthplace, *Id.*

Name of Medical Attendant, or other Person who makes this Return.

J. Miller, M.D.

Address,

639 Franklin St.

Remarks,

SECTION 7.—And he is further enacted and contained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be recorded, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conceived and born during the month, and the name of the mother, and the date of the birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 5, 1888

4. Place of Birth, (Street and Number) 1724 Filbert St.

5. Full Name of Mother, Ellen Abrams

6. Mother's Maiden Name, " " Oliver

7. Mother's Birthplace, _____

8. Full Name of Father, Charles Abrams

9. Father's Occupation, Laborer

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Dr. Eliza B. B. B.

Address, 1744 B. B.

Remarks, _____

And he is further cautioned and enjoined that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be taken, shall be required to register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a 2d of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been born, the sex, the date and place of birth, the name of its parents, the date and place of birth, and the name of the physician or midwife, and shall be delivered daily signed by the attending physician or midwife, and shall occur without the attendance of a physician or midwife, and shall be delivered to the Commissioner of Health in the manner and within the period above required, and shall be subject to the inspection of the Commissioner of Health, and the failure to comply with the provisions of this section shall be subject to the fine of ten or more dollars for each offense, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th A 8046

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 5th 1888

4. Place of Birth, (Street and Number)

to 21, Wyoming St.

5. Full Name of Mother,

Elizabeth Muller.

6. Mother's Maiden Name,

Elizabeth Muller.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Coligny.

9. Father's Occupation,

Sugar-Maker.

10. Father's Birthplace,

State of New Jersey

Name of Medical Attendant, or other person who makes this Return.

Mrs. Sebach.

Address,

Prairie St. near Fremont.

Remarks,

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 8547

1. Sex, (state whether male or female) girl

2. Race or color, (if not of the white race)

3. Date of Birth, 5 Dec.

4. Place of Birth, (Street and Number) ...

5. Full Name of Mother, Lina Baegner

6. Mother's Maiden Name, Moeninger

7. Mother's Birthplace, ...

8. Full Name of Father, Caspar Baegner

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, ... or other person who makes this Return.

Address, ...

Remarks, ...

[illegible]

Section 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall file in this place, and shall keep in his possession, and shall enter in the book, a full and true account of every birth occurring under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, the person or persons who shall deliver the child shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A 8578*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 6th 88*

4. Place of Birth, (Street and Number) *342 S. Calhoun St*

5. Full Name of Mother, *Lottie Waller*

6. Mother's Maiden Name, *Lottie Moraw*

7. Mother's Birthplace, *Northeastland Co. N. Y.*

8. Full Name of Father, *Madge W. Waller*

9. Father's Occupation, *House Carpenter*

10. Father's Birthplace, *Atlanta Ga.*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. L. Linnard*

Address, *839 Hardyway St*

Remarks, *Ballo Mid*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if it occurs, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. It shall be the duty of the physician or practitioner of midwifery, or whoever is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period a law required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 85-19
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 16th 1918
4. Place of Birth, (Street and Number) 1634 N. Broadway
5. Full Name of Mother, Esther S. Miller
6. Mother's Maiden Name, Startzman
7. Mother's Birthplace, Virginia
8. Full Name of Father, James H. Miller
9. Father's Occupation, Businessman
10. Father's Birthplace, East of Baltimore
- Name of Medical Attendant, Dr. J. B. Miller or other Person who makes this Return.
- Address, 124 N. Broadway
- Remarks, 1

[illegible]

JAN 3 1966

A. 8550

Noting

the race)

Dec 6th 1988

aber) 11/8. Sanbaster st.

Mary Murphy.

Kolp.

Quay

John Murphy

Captivity.

City

M. L. G.

1141 Bank - C.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 4537

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth.

December 6th, 88.

4. Place of Birth, (Street and Number)

280 Roland Ave.

5. Full Name of Mother,

Mary E. Houck

6. Mother's Maiden Name,

Hale

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

William L. Houck

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who made this Return.

Chas. H. Mitchell M.D.

Address, 275 Chestnut Ave.

Remarks,

Baltimore City, Md. The Registrar of Vital Statistics, Board of Health, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall enter the name of the child, the name of the mother, the date of birth, the sex, color, race, and place of birth, and the name of the medical attendant, or other person who made this Return, and shall set forth as far as the name can be ascertained the full name of each child, (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, or other person who made this Return, and shall certify between the first and third day of each and every month to the office of the Commissioner of Health, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d.

A. 8552

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

December 6th, 1888.

4. Place of Birth, (Street and Number)

Maryman's Lane & Roland Ave.

5. Full Name of Mother,

Hannis Smith

6. Mother's Maiden Name,

Hannie Newman.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Charles Smith

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return

Chas. H. Whitwell M.D.

Address,

295 Chestnut Ave.

Remarks,

Delivered at home.

registrar of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his of her care during the month, and shall set forth as far as possible the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the place of birth, the name of the mother, and the name of the father. The full name of the mother shall be ascertained from a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the mother or father shall be required to report the birth to the Commissioner of Health, in the manner and within the period about required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 100.01, which is hereby amended and reenacted, shall read as follows: "Section 100.01. (a) Every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of all such births, and shall submit such record to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under such person's supervision during each month, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been born, the date of birth, the date and place of birth, and the name conferred on the child, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, or other person to whom the child was delivered, and the date of delivery. The record shall be submitted to the Commissioner of Health on the third day of each and every month. (b) If any such record shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother to procure the attendance of such person or persons who shall hereafter be required, and who shall be paid for their services, and who shall be held responsible for the same. (c) Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten dollars for each offense, to be recovered against the person or persons who shall be found guilty of such offense, and who shall be held responsible for the same. (d) The provisions of this section shall be in full force and effect from and after the date of the passage of this act."

No. of
1. Se
2. Re
3. De
4. Pl

3rd

A 855-3

Female

White

Dec. 7th

237 Chester St

Elizabeth Gressel

"Kohler"

Balto

Henry Gessel

Lin Hooper

Sal.

Wm. Green

940 N. Gay St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Child A. 6537*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race). *Colored*

3. Date of Birth, *Nov 8th 1898*

4. Place of Birth, (Street and Number) *Carroll Baltimore #21 Clairmont*

5. Full Name of Mother, *Almeta Brooks.*

6. Mother's Maiden Name, *Almeta Sautter.*

7. Mother's Birthplace, *Centerville Ind.*

8. Full Name of Father, *Howard F. Brooks.*

9. Father's Occupation, *Crayman.*

10. Father's Birthplace, *Carroll Co.*

Name of Medical Attendant, or other person who makes this Return, *Mon Elizabeth Hicks*

Address, *Carroll Balto Co Ind.*

Remarks, *Perfect Child.*

SECTION 7.—And, be it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, on or before the first day of January next following the year in which the birth occurred. The schedule shall be filled out by the midwife, or other person who has been conferred his sex, color, the full name and occupation of his parents, the date of birth, and the place of birth of each child, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth shall be reported to the office of the Registrar of Vital Statistics, Board of Health, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

registrar of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the registrar, and shall be filed in the office of the Commissioner of Health. The said schedule shall be delivered, duly signed by the registrar, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or person having charge of the child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 5235

1. Sex, (State whether male or female)

Boy.

2. Race or color, (if not of the white race)

whit.

3. Date of Birth,

December 8, 1888.

4. Place of Birth, (Street and Number)

Harv. Street 1211.

5. Full Name of Mother,

Anna Sorenson

6. Mother's Maiden Name,

Anna Jan Kolske.

7. Mother's Birthplace,

Deutschland.

8. Full Name of Father,

Gendrich Sorenson

9. Father's Occupation,

Leber.

10. Father's Birthplace,

Deutschland.

Name of Medical Attendant, or other person who makes this Return.

Miss P. L. Sorenson

Address,

No. 1225 Harv. Street.

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second A 8538

1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *December 8th 1888*
4. Place of Birth, (Street and Number) *243 Norling Ave*
5. Full Name of Mother, *Mary M. Foster*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Chas. F. Foster*
9. Father's Occupation, *Mill-Operative*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return. *R. P. Venable M.D.*
Address, *160 Chestnut Ave*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* A 8557
1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *December 8th, 1888*
4. Place of Birth, (Street and Number) *774 1st Ave (Helen)*
5. Full Name of Mother, *Blonia Gove*
6. Mother's Maiden Name, *" Gove*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Enos. R. Gove*
9. Father's Occupation, *Deceased*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, (or other person who makes this Return) *R. P. Vornum M.D.*
- Address, *160. Chestnut Ave*
- Remarks, *Premature birth 7th month.*

Baltimore, under whose charge and superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each month, forward to the Registrar of Vital Statistics, a true and correct copy of the same, in the form of a certificate, to be furnished by the Commissioner of Health. This certificate shall contain a list of the births, which shall be signed by the practitioner of medicine, who attended the mother during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex, color, race, and occupation of its parents, the date and place of birth, and the name of the medical attendant. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be required to sign a certificate of the birth, and to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and to pay a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* A 8558
 1. Sex, (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec. 8. 1888.*
 4. Place of Birth, (Street and Number) *130. Mont St.*
 5. Full Name of Mother, *Ester Zire*
 6. Mother's Maiden Name, *Ester Caplan*
 7. Mother's Birthplace, *Russia.*
 8. Full Name of Father, *Louie Zire*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Russia*
 Name of Medical Attendant, or other person who attended the birth, *Mrs R Goldsmith*
 Address, *119 High St*
 Remarks,

SECTION 1. - And he if further enacted that for every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by her Commissioner of Health. This record shall be kept for a period of one year, and shall be subject to the inspection of the Commissioner of Health. And he if further enacted that for every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by her Commissioner of Health. This record shall be kept for a period of one year, and shall be subject to the inspection of the Commissioner of Health. And he if further enacted that for every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by her Commissioner of Health. This record shall be kept for a period of one year, and shall be subject to the inspection of the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 8537

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 8 - 1888

4. Place of Birth, (Street and Number)

1403 May St.

5. Full Name of Mother,

Laura Bell

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Simon Bell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall be forwarded to the office of the Commissioner of Health, on or before the first day of the month following, and shall be filed in the office of the Commissioner of Health. The full name and occupation of the parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or other person, or should no other person be in attendance, shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible][illegible][illegible]

the mother under whose charge or superintendence a child hereafter take place shall keep a true and correct register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall also enter on a list of the births which have occurred under his or her care during the year, the date, hour, place, sex, color, race, name, date and time of its birth, and the name of the mother, and shall send forth as soon as possible after the birth of each child, if any shall have been conferred, in accordance with the provisions of the act, a certificate in the form of a blank schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each year every month to the office of the Commissioner of Health. In case the birth of any child shall occur during the absence of the mother, the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, shall send forth to the office of the Commissioner of Health, in the manner and within the period above required, a certificate in the form of a blank schedule, duly signed by the practitioner in the form of a certificate between the first and third day of each year every month to the office of the Commissioner of Health. In case the birth of any child to report in birth to the Commissioner of Health, in the manner and within the period above required, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

the mother under whose charge or superintendence a child hereafter take place shall keep a true and correct register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and contain a list of the births which have occurred under his or her care during the year, and shall set forth in each case the name, time of birth, sex, date of birth, and date when the birth was conferred, in sex, color, the full name and occupation of its parents, and the date when the birth schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each year, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur during the absence of the mother, the father, or the mother of the child, the person attending the birth shall report the birth to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible]

the mother under whose charge or superintendence a child hereafter take place shall keep a true and correct register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall also enter on a list of the births which have occurred under his or her care during the year, the date, hour, place, sex, color, race, name, date and time of its birth, and the name of the mother, and shall send forth as soon as possible after the birth of each child, if any shall have been conferred, in accordance with the provisions of this act, a certificate in the form of a blank schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each year every month to the office of the Commissioner of Health. In case the birth of any child shall occur during the absence of the mother, the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

the mother under whose charge or superintendence a child hereafter take place shall keep a true and correct register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall also enter on a list of the births which have occurred under his or her care during the year, the date, hour, place, sex, color, race, name, date and time of its birth, and the name of the mother, and shall send forth a copy of the same to the Commissioner of Health, as soon as the same have been conferred in accordance with the provisions of the act in that behalf made. If any child be born on a blank schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each year, to the office of the Commissioner of Health. In case the birth of any child shall be attended upon by a midwife, or shall be attended upon by a practitioner of medicine, or shall be attended upon by the mother, immediately thereafter, shall be reported to the Commissioner of Health, in the manner and within the period above required, by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

the mother under whose charge or superintendence a child hereafter take place shall keep a true and correct register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall also enter on a list of the births which have occurred under his or her care during the year, the date, hour, sex, color, race, name, date and time of its birth, the name of its mother, and the name of the father, and shall forward the same to the Commissioner of Health, as soon as the same have been conferred in accordance with the provisions of the laws of this State. The mother of each child shall be furnished with a blank schedule at the time of the birth of the child, and shall be required to fill out the same, and to forward the same to the Commissioner of Health, as soon as the same have been conferred in accordance with the provisions of the laws of this State. The mother of each child shall be required to fill out the same, and to forward the same to the Commissioner of Health, as soon as the same have been conferred in accordance with the provisions of the laws of this State. The mother of each child shall be required to fill out the same, and to forward the same to the Commissioner of Health, as soon as the same have been conferred in accordance with the provisions of the laws of this State.

the mother under whose charge or superintendence a child hereafter take place shall keep a true and correct register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall also enter on a list of the births which have occurred under his or her care during the year, the date, hour, sex, color, race, name, date and time of its birth, the name of its mother, and the name of the father, and shall forward the same to the Commissioner of Health, as soon as the same have been conferred in full, and shall also enter on the said schedule, in full, the name and occupation of its parents, and shall also enter on the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each year, to the office of the Commissioner of Health. In case the birth of any child shall occur during the absence of the mother, the father, or the practitioner, the mother, father, or practitioner shall be under the obligation to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

A 8561

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

December 9th

4. Place of Birth, (Street and Number)

Baltimore Hamburg st. No 628

5. Full Name of Mother,

Katie Sibel

6. Mother's Maiden Name,

Katie Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sibel

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Mrs. Shaffer

Address,

803 Woodward st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* *A. 8582*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) _____
3. Date of Birth, *Dec - 9 - 1886*
4. Place of Birth, (Street and Number) *308 Albemarle St.*
5. Full Name of Mother, *Wilhelmine Stewart*
6. Mother's Maiden Name, *Ubert*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Stewart*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Marg. Stein*
- Address, *14 27 E. Pratt St.*
- Remarks, _____

SECTION 7.—And be it further enacted, and ordained, that every person who is required to file a return of a birth in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and which shall be filed with the Commissioner of Health, and shall be subject to inspection by the Commissioner of Health. The schedule shall be filled out by the person in charge of the birth, and shall be filed with the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the person in charge of the birth fails to file a return of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten per centum for each offence, to be recovered as other dues and penalties are recoverable.

[illegible][illegible][illegible]

For more than three years, these charges or expenditures in birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed with the Commissioner of Health. The schedule shall be filled out in accordance with the form which shall be conferred its sex, color, the full name and occupation of the mother, the date of birth, the date of the third day of each and every month to the office of the Commissioner of Health in the form of a certificate, and the name of the practitioner, duly signed by the practitioner in the form of a certificate, and the name of the child, and the name of the mother, immediately thereafter, and shall be filed with the Commissioner of Health. In case the birth of any child is attended upon by a practitioner of midwifery, or should no other person be in attendance upon the child, the practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the time specified in this section, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined not less than ten dollars each, nor more than fifty dollars each, for each failure. If recovered on either fine and forfeited are recoverable to the full of ten dollars each.

17. $\frac{1}{2} \sqrt{2} \approx 0.707$

1. Sex (state whether male or female) male

2. Race or color, (if not of the white race) *White*

3. Date of Birth, December 16th

4. Place of Birth, (Street and Number) 5-45 51-

5 Full Name of Mother *Mrs*

6. Mother's Maiden Name, " " Thelma

7. Mother's Birthplace, Maryland

S. Full Name of Father. Geo. B. Moore

9. Father's Occupation, *Laborer*

1). Father's Birthplace, ... Ireland

Name of Medical Attendant. *or other person who makes this Return* *R. D. V.*

Address. 160 Chestnut Ave.

Remarks, Puncture bill - Six

WEE J. C. CULBERT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* **A. 8556**

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 10th 1888*

4. Place of Birth, (Street and Number) *209 Cedar Ave*

5. Full Name of Mother, *Marianna Minator*

6. Mother's Maiden Name, *McCordell*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Thomas Minator*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *District of Columbia*

Name of Medical Attendant, or other person who makes this Return. *R. B. Viment-Med*

Address, *160 Chestnut Ave*

Remarks, ...

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the preceding year, and shall be filled out by the Commissioner of Health, and shall be filed in the office of the Commissioner of Health. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the child is not reported to the Commissioner of Health, or the child is not reported to the Commissioner of Health, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 8566

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) white

3. Date of Birth, Dec 18th

4. Place of Birth, (Street and Number) 1424 Battery Ave

5. Full Name of Mother, Annie Steadman

6. Mother's Maiden Name, " Thompson

7. Mother's Birthplace, City

8. Full Name of Father, Robert Steadman

9. Father's Occupation, Bricklayer

10. Father's Birthplace, St Marys Conn

Name of Medical Attendant, or other person who makes this Return, J. C. Burchard

Address, 571 Hanover St

Remarks,

[illegible][illegible]

4th A. 85-67

Male

White

Dec 11th

30 E. West St
Socah O'Hara

11 Escorau

city

Las. Bifera
iron moulds

City

J. C. Bunch, Jr.

5/1/18

Address,

Remarks,

[illegible]

8558

9 1/4 -

malg

white-

December 11th, 1888.

17 Plymouth Co.

Alice Krot

Alice Holt-

England

Frank L. Knot

Overseer Spinning Dept.

Mase

Chas. H. Mitchell Esq.

295-Chestnut Ave.

Premature child by 2 months

supposedly.

SECTION 7.—And be it further enacted, that every person practicing midwifery in the City of Baltimore under license or superintendence a birth shall hereafter like place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate before the Commissioner of Health, and the said schedule shall be in accordance with the form of a schedule to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth - A 8354*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 12th - 88*

4. Place of Birth, (Street and Number) *410 S. Sticks*

5. Full Name of Mother, *Laura V. Hoffman*

6. Mother's Maiden Name, *Flanagan*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William H. Hoffman*

9. Father's Occupation, *Engineer on B. & O. R. R.*

10. Father's Birthplace, *Harrington Pa.*

Name of Medical Attendant, or other Person who makes this Return. *M. J. Leman*

Address, *337 Woodlawn St.*

Remarks, *Strong child named (William)*

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. Title schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth, and the sex of the child. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, named physician or practitioner of midwifery, or any other person, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Christine - Given Name

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 85-70

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

female

white

Dec 13th 1888

1723 Havon St

Antoinette Shamus

" Baltimore

Washington D.C

Mr. Shamus

paper hanger

City

J. C. Bunch M.D.

Name of Medical Attendant, or other person who makes this Return

Address, **GIVEN NAME ADDED.** *6-18-53 717 Havon St*

Remarks, *L.M.*

to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the following particulars: the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, and the practitioner fails to deliver the said schedule, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c. *1st* *A. 8571*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 13th, 1888.*

4. Place of Birth, (Street and Number) *223 Third Ave.*

5. Full Name of Mother, *Ida Houch*

6. Mother's Maiden Name, *Ida Hale*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *George H. Houch*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*

Address, *295 Chestnut Ave.*

Remarks, _____

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *First* *A. 8572*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 13th 1888*

4. Place of Birth, (Street and Number) *746 First St. S.W.*

5. Full Name of Mother, *Leta May Lambert*

6. Mother's Maiden Name, *" "* *Slater*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Jos. W. Lambert*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this return, *R. B. Vorment M.D.*

Address, *100 Chestnut St.*

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be delivered, daily, to the Registrar of Vital Statistics, Board of Health, Baltimore City. The said schedule shall be delivered, daily, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each and every month to the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the midwife, or should no other person be in attendance, the midwife, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

A 85-73

1. Sex, (State whether male or female)

female
White

2. Race or color, (if not of the white race)

3. Date of Birth,

December 14th. 1888

4. Place of Birth, (Street and Number)

1310 Spring St.

5. Full Name of Mother,

Matilda Block.

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Mrs. H. A. Burt

Address, 1245 Monument St.

Sw. cor. Central av.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *5th* *8574*

1. Sex (state whether male or female), *Male*
2. Race or Color (if nat of the white race), *White*
3. Date of Birth, *Dec 14th 88*
4. Place of Birth (Street and Number), *1001 Edmondson Ave*
5. Full Name of Mather, *Maggie S. Hill*
6. Mother's Maiden Name, *" Stone*
7. Mather's Birthplace, *City*
8. Full Name of Father, *Henry F. Hill*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Ala*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

H. F. Hill M.D.

1001 Edmondson Ave

registrar of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following questions: (1) Name of child; (2) Sex; (3) Race or Color; (4) Date of Birth; (5) Place of Birth; (6) Name of Mather; (7) Name of Mother; (8) Name of Father; (9) Occupation of Father; (10) Birthplace of Father; (11) Name of Medical Attendant; (12) Address of Medical Attendant; (13) Remarks. The schedule shall be filled out by the registrar of each birth, and shall be returned to the Commissioner of Health, who shall forward the same to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. The schedule shall be filled out by the registrar of each birth, and shall be returned to the Commissioner of Health, who shall forward the same to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. The schedule shall be filled out by the registrar of each birth, and shall be returned to the Commissioner of Health, who shall forward the same to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge are all children, a birth and residence card, which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child at birth, and the sex, color, race, and name of the mother, and the name of the physician or practitioner of midwifery, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother, or of the person who shall report the birth to the office of the Commissioner of Health, to cause the same to be reported, and within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

A. 86-75

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 15 1888

4. Place of Birth, (Street and Number)

1407 Bank St.

5. Full Name of Mother,

Annie Marks

6. Mother's Maiden Name,

Joss

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Abbie Marks

9. Father's Occupation,

Glasery

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been previously born, the name and occupation of its parents, the date and place of birth, and the sex and color of the child. The schedule shall be submitted to the office of the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to sign the schedule, in the manner and within the period above required, and any such person or persons who shall be guilty of neglecting to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

A. 86-77

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec 15

4. Place of Birth, (Street and Number)

Baltimore Passa St. 918

5. Full Name of Mother,

Maggie Mattie

6. Mother's Maiden Name,

Maggie Sellers

7. Mother's Birthplace,

New York

8. Full Name of Father,

August Mattie

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Shaffer

Address,

803 Woodward St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Samuel A 5578

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, Dec. 16th 88
4. Place of Birth, (Street and Number) 1415 East Pratt St
5. Full Name of Mother, Bessie Altzel
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Altzel
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, D. Schesman
- Address, 103 Albemarle St
- Remarks, _____

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out by the Registrar of Births, and shall be filed in the office of the Registrar of Births, and shall be subject to the inspection of the Commissioner of Health. The Registrar of Births shall be held responsible for the accuracy of the information furnished by him, and shall be subject to the penalty of fine and imprisonment for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 121. A. 85-74

- | | |
|--|----------------------------------|
| 1. Sex, (State whether male or female) | Male |
| 2. Race or color, (if not of the white race) | White |
| 3. Date of Birth, | December 17 th . 1888 |
| 4. Place of Birth, (Street and Number) | 1006 Front St. near Exeter |
| 5. Full Name of Mother, | Florance Danivir |
| 6. Mother's Maiden Name, | Florance Byfling. |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Harb Danivir |
| 9. Father's Occupation, | Port Molder |
| 10. Father's Birthplace, | Baltimore |

Name of Medical Attendant, or other person who makes this Return.

Address, 1245 Monument St. S.W. cor Centrel st

Remarks, - 122 9/11

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be forwarded to the office of the Commissioner of Health, on or before the first day of January next following. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 580*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *December 17th. 1888*

4. Place of Birth, (Street and Number) *304 Mulikin St.*

5. Full Name of Mother, *Harriet Gillmore*

6. Mother's Maiden Name, *Harriet Joanes*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John B. Gillmore*

9. Father's Occupation, *in Factory*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs H. V. Budd*

Address, *1245 Monument St. Sw. cor. Central av.*

Remarks, *All Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth *A. 5581*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 17th 1888*

4. Place of Birth, (Street and Number) *822 Huntington Ave. S. W.*

5. Full Name of Mother, *Ruth A. Glenn*

6. Mother's Maiden Name, *" " Parks*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *George W. Glenn*

9. Father's Occupation, *Conductor Electric Motor*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *R. P. Vornum M.D.*

Address, *160 Chestnut Ave. (Hampden)*

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred before the birth, the date and place of birth, the date and place of the birth, and the name of the physician or practitioner of midwifery, or should no other person be present at the birth, the name of the person or persons who shall hereafter be liable for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 8582
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 17. 1888.
 4. Place of Birth, (Street and Number) 505 W Lexington St
 5. Full Name of Mother, Fanny Coplan
 6. Mother's Maiden Name Fanny Coplan
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Solomon Coplan
 9. Father's Occupation, Liquor Store
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, Mrs R Goldsmith
 Address, 119 High St
 Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the birth of such child, and shall give a list of the births which have occurred under his or her care during the year, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred his sex, color, the full name and recognition of his parents, the date and place of birth, and the day of each and every month of this year, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in addition to any forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A* *1583*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 19 - 1888*

4. Place of Birth, (Street and Number) *434 E. Townsend*

5. Full Name of Mother, *Alberta Virginia Parks*

6. Mother's Maiden Name, *W. T. Grumbine*

7. Mother's Birthplace, *Westminster Carroll Co. Md*

8. Full Name of Father, *John Fleming Parks*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Westminster Md*

Name of Medical Attendant, or other Person who makes this Return, *Edmund Gibbs M.D*

Address, *431 E. Townsend St.*

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the date and place of birth, the sex, color, the full name and occupation of its parents, the name conferred on it, the date and place of birth, and the date of its registration. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth shall be registered by the Commissioner of Health, in the manner and within the period of time of such child to be registered, and its birth to the Commissioner of Health, in the manner and within the period of time of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 8584

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 19, 1888

4. Place of Birth, (Street and Number)

103 Barre St.

5. Full Name of Mother,

Annie Buck

6. Mother's Maiden Name,

Annie Bernstein

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Marcus Buck

9. Father's Occupation,

Clothing Store

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

Mrs R. G. Gehrman

Address,

119 High St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Nathan A \$5.85

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, December 20th 1888

4. Place of Birth, (Street and Number) 1161 East Lombard St.

5. Full Name of Mother, Fanny Swartzberg

6. Mother's Maiden Name, " Parvian

7. Mother's Birthplace, Russia

8. Full Name of Father, Barnett Swartzberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, N 103 N. E. 1st St

Remarks, _____

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, its race or color, the full name and occupation of the mother, and the full name and occupation of the father, and shall be in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the month in which the birth occurs, and the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every birth certificate shall contain a list of the births which have occurred under his or her care during the preceding year, and shall enter the name of each child, indicating to the Commissioner of Health the sex, date of birth, date and place of birth, and the date and place of death, if the child has died, and the name and occupation of its parents. The date and place of birth and the date and place of death shall be delivered, fully signed by the practitioner in the form of a certificate between the first and the fifth day of the month following the birth of the child. In case the birth of any child occurs on the first day of the month, the certificate shall be delivered on the fifth day of the month. In case the birth of any child occurs without the attendance of a physician or practitioner of Health, in the manner and within the period above required, and any such person is guilty of an offence, he shall be liable to a fine of not more than two dollars. Each offence, to be covered by an other first and fourth offence, shall be considered as a single offence, and shall be punishable by a fine not exceeding the sum of five dollars. Each offence, to be covered by an other first and fourth offence, shall be considered as a single offence, and shall be punishable by a fine not exceeding the sum of five dollars. Each offence, to be covered by an other first and fourth offence, shall be considered as a single offence, and shall be punishable by a fine not exceeding the sum of five dollars.

Child of Mother
r, (State whether
ce or color, (if
te of Birth,
ace of Birth, (S
ll Name of Mo

- 4

A. 8588

- Male.

White

December 21. 1888

719² dem St.

Tara Schaler

4 Hudson

Kent County

Wm. Schacht

Balto

- Name of Medical Attendant, or other person who makes this Return. Mrs. M. J. Buttrick

Address, 1245 Monument St. S.W. cor Central av.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Meyer. A. 8587

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, December 22nd '88

4. Place of Birth, (Street and Number) 1625 Canton Ave

5. Full Name of Mother, Sarah Shapiro

6. Mother's Maiden Name, Kirshyansky

7. Mother's Birthplace, Russia

8. Full Name of Father, Davis Shapiro

9. Father's Occupation, Ritual Butcher

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sesserman

Address, N 103 Albemarle St N.Y.C.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the race or color, the sex, the place of birth, the name of the mother, and the name of the father. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of the mother, to cause the same to be registered, and to cause the same to be entered on the said schedule, and to sign the same, and to deliver the same to the office of the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

110. *Sp. Chamae. Sp. Chamae.*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 22nd 1888.

4. Place of Birth, (Street and Number) 2425 E. Grand Ave

5. Full Name of Mother, Emma Heaton

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Peter Heasman

9. Father's Occupation, Engineer

10. Father's Birthplace, Ben Larp

Name of Medical Attendant, or other Person who makes this Return. James E. Dinnelle M.D.

Name of Michael J. Brennan, makes this return.

Address, 1731 E. Baltimore St.

Remarks.

[illegible]

[illegible]

EST. 4.5 MILLION A DO - CITY PRINTERS AND STATIONERS

Lcd

A. 8584

Female

White

December 23rd. 1888

501 Ann St.

Ellen Kathleen Caldwell

" Beach Lyndal

Baltimore

Bornard Lalahan

✓ Ireland

M. A. B. nA

Address, 1245 Monument St.

Address, 1245 Monument St.

Remarks, ~~18~~ All Well

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month following the birth of each child, to the Commissioner of Health, who shall cause the same to be filed in the office of the Commissioner of Health, and shall also cause the same to be published in the official gazette of the city. No fee shall be charged for the same. No person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Feder
4th Jan A. 8570

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Dec. 23rd 88*

4. Place of Birth, (Street and Number) *486. Market Space*

5. Full Name of Mother, *Rebecca Feder*

6. Mother's Maiden Name, *Levinson*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Wolf Feder*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *W. Scherman*

Address, *486 Market St W 103*

Remarks, **GIVEN NAME ADDED,** *9-21-53*
L.M.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth (8)*

A 8591

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Dec 25 1888*
4. Place of Birth, (Street and Number) *312 Lorens Alley*
5. Full Name of Mother, *Hannah Neal*
6. Mother's Maiden Name, *Carbury*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Stephen Neal*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin*

Address, *304 N. Egeton*

Remarks,

[illegible]

THE J. O. BILLY & CO. CITY PRINTERS AND STATIONERS

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of the child, the date and place of birth, and the name of the mother, and shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be called in attendance upon the mother, immediately after the birth of the child, the practitioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^{ed}. A. 8593

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Dec. 25th 1888

4. Place of Birth, (Street and Number) 1510 Chase St.

5. Full Name of Mother, M. Hugelmeir

6. Mother's Maiden Name, " Lang.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Mr. Hugelmeir

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 Monument St.

Remarks, See Wife.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *Dora A.* *857*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Dec. 26th 88*

4. Place of Birth, (Street and Number) *122 W. Frederick St.*

5. Full Name of Mother, *Mrs. Radetsky*

6. Mother's Maiden Name, *Lehen*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Israel Radetsky*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *E. Scherman*

Address, *N 103 Alhemarle st*

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, its sex, its race or color, its date of birth, its place of birth, the name of its mother, and the name of its father. The said schedule shall be delivered, duly signed by the registrar in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to fill up this schedule, and to deliver it to the Registrar of Vital Statistics, who shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

837
375

female
white

December 27

garrett Ave #472

Mary L. Gilbert
Mary L. Tuttle

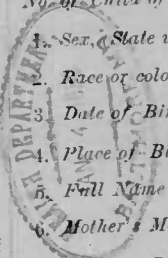
Connecticut. New Haven

Joseph Gilbert
Barbar

Baltimore Md

Mrs. Cornelia Allen
#426 Garrett Avenue

registrar of such birth and shall enter the same on a blank sheet of paper, which shall be attached to the Commission of Health. This certificate shall contain the name of the child, the date and place of birth, and the sex, color, race, and occupation of the parents, the full name and occupation of the practitioner in the form of a certificate, and the date and place of birth of any child and a schedule of the child's health, and every month to the office of the Registrar of Births, or should no other person be in attendance when the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period alone required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine and forfeiture are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A575

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 27 1888

4. Place of Birth, (Street and Number)

103 East Montgomery St

5. Full Name of Mother,

Anna V Crockett

6. Mother's Maiden Name,

Anna V Crockett

7. Mother's Birthplace,

Calvert Co Md

8. Full Name of Father,

Humphrey Crockett

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R B Noble, M D

Address,

301 Warren St

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Health. In case the birth of any child shall occur throughout the month of January, the physician or practitioner of midwifery, or should no other person be available, the mother, shall report the same to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

A. 8597

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 28th
1418 E Lombard St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Marie Rehberger
" Dabicko

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Rehberger

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Ulrika Goetzke
114 S Bond St.

Address,

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the name and occupation of its parents, the date and place of birth, and the sex and race or color of the child. It shall also contain a certificate as to whether the first and second child of the mother were born within the year, and if so, on what day and month. It shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex and race or color as are named in the schedule, in the manner and within the period above required, and report to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten dollars for each offense, to be recovered as other laws and regulations may be recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A. 84.78

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, December 28th. 1888

4. Place of Birth, (Street and Number) 708 Bond St.

5. Full Name of Mother, Kate Baker

6. Mother's Maiden Name, Deech

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Baker

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. But

Address, 1245 Monument St.

Remarks, All Well

Health. This certificate shall contain a list of the births which have occurred under his supervision during the month, and shall set forth the date of birth, the name of the child, the name of the mother, the name of the father, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician, the name of the physician shall be written in the margin of the certificate, and the name of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. 8599

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 28th. 1888

4. Place of Birth, (Street and Number)

1 Frederick St.

5. Full Name of Mother,

Henrietta Seefeld

6. Mother's Maiden Name,

Back

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Ed. Seefeld

9. Father's Occupation,

Actor

10. Father's Birthplace,

New York

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt

Address, 1245 Monument St

Remarks, All Well

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

A. \$600

1. Sex, (State whether male or female)

female
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Dec. 28th 1888

4. Place of Birth, (Street and Number)

1936 Chase St.

5. Full Name of Mother,

Ana Tuder

6. Mother's Maiden Name,

Dambo

7. Mother's Birthplace,

Bartford County

8. Full Name of Father,

Joseph Tuder

9. Father's Occupation,

Street Car

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. A. Butts

Address, 1245 Monument St.

Remarks, All Well.

register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of the month following the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 8601*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 28 '88*
4. Place of Birth, (Street and Number) *622 W Lombard St*
5. Full Name of Mother, *Susan Riley*
6. Mother's Maiden Name, *Not known*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *Not known*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *L. E. Neale M.D.*
- Address, *319 W. Monument St.*
- Remarks, _____

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the end of the year. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A. 8602*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Dec 28" 88*
4. Place of Birth, (Street and Number) *622 W. Lombard St*
5. Full Name of Mother, *Sarah Smith*
6. Mother's Maiden Name, *Wm. Brown*
7. Mother's Birthplace, *Ms*
8. Full Name of Father, *Wm. Brown*
9. Father's Occupation, *" "*
10. Father's Birthplace, *" "*
- Name of Medical Attendant, or other person who makes this Return, *L. E. Neale M.D.*
- Address, *319 W. Monument St.*
- Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the Commissioner of Health, and the full name of each child, if any shall have been conferred its sex, color, the full name of the mother, and the full name of the father, and the date of birth, and the place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex, color, and name, and of the mother and father, to sign the same, and to deliver it to the Commissioner of Health, who shall thereupon file it in the office of the Commissioner of Health, and the same shall be subject to the inspection of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 8603*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 28th 88*
4. Place of Birth, (Street and Number) *622 W Lombard St*
5. Full Name of Mother, *Katie Beattie*
6. Mother's Maiden Name, *not known*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *not known*
9. Father's Occupation, *" "*
10. Father's Birthplace, *" "*
- Name of Medical Attendant, or other person who makes this Return, *L. E. Neale M.D.*
- Address, *319 W Monument St.*
- Remarks, _____

Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day after the birth of the child, to the proper health officer or health officer's assistant, without the attendance upon the mother. If the birth of any child shall occur without the attendance of a physician or health officer, or health officer's assistant, or other person be it to whomsoever, the mother, immediately thereafter, it shall assume the duty of the person so required, and shall report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars as each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A.* 8604

- Name of Medical Attendant, or other person who makes this Return, L. E. Heale
Address, 319 N. Monument St.
Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

A. 5605

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White (German)

3. Date of Birth

Dec 29/88

4. Place of Birth, (Street and Number)

1013 Fulton Av

5. Full Name of Mother,

Minnie Smith

6. Mother's Maiden Name,

Minnie Shoffreyer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Mr J Smith

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. P. L.

Address,

2102 Madison St

Remarks,

and shall either the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its age, sex, color, its full name and occupation of its father, the date of its birth, the date of its registration, the date of its delivery, and the date of its registration. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should so other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of registration. It shall also contain a list of the children who have been born on the first and third day of each and every month to the office of the Commissioner of Health. In case a birth person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 8606*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 29th 88*

4. Place of Birth, (Street and Number) *622 W Lombard St*

5. Full Name of Mother, *Mary Thompson*

6. Mother's Maiden Name, *Not known*

7. Mother's Birthplace, *Mo*

8. Full Name of Father, *Not known*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

L. E. Neale M.D.
319 W. Monument St

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *IV* *A. 8607*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Negr.*

3. Date of Birth, *Dec 30th 1888*

4. Place of Birth, (Street and Number) *622 W. Lombard St.*

5. Full Name of Mother, *Rachel Dorsey*

6. Mother's Maiden Name, *Not Known*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Not Known*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other person who makes this Return. *L. E. Neale M.D.*

Address, *319 W. Monument St.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *5608*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 3rd 188*

4. Place of Birth, (Street and Number) *115 W. Lombard St*

5. Full Name of Mother, *Susan Beel*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *"*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other Person who makes this Return. *A. J. Weir M.D.*

Address, *115 W. Lombard St*

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to file in the Office of the Registrar of Vital Statistics, a true and correct copy of the said schedule, and in default of so doing, the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Chou

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1600

12.12.12

Dec. 14th 1880

11/17/2011

George H. Lane

Garthside Wilson

W. F. C. K. 17

Ramsey Thomas

Entire - 2000

Mr. L. A. ...

5. In 1900, the average

319 The University of
Tulsa, Tulsa

Remarks, Full name - Joseph Wilson Thomas

any child shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a statement of the birth, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of admission to the hospital or institution in which the child was born. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should be other person present in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health with the foregoing information. If the child is born dead, it shall be so reported. If each offense be so recovered as otherwise and forfeitures recoverable.

This certificate shall contain a list of the births which have occurred under his or her care during the said year, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should to other persons, he or she shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A. 8610

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 31" 1888

4. Place of Birth, (Street and Number)

622 W. Lombard St.

5. Full Name of Mother,

Etta Hartwell

6. Mother's Maiden Name,

Not Known

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return,

L. E. Neale M.D.

Address,

319 W. Monument St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 A 8511

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Hebrew

3. Date of Birth Dec 21 1888

4. Place of Birth, (Street and Number) 118. Francis M

5. Full Name of Mother, Cherry R. Helstein

6. Mother's Maiden Name, Mary Row

7. Mother's Birthplace, Balto

8. Full Name of Father, Asael Helstein

9. Father's Occupation, Butcher

10. Father's Birthplace, 13 alh

Name of Medical Attendant, or other Person who makes this Return. ACBle

Address, 2102 Madison St

Remarks, _____

Persons who shall be liable to be fined or imprisoned for each offence to be recovered as other fines and forfeitures are recoverable.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person so born shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 8/12

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time when the same are made up. The schedule shall be prepared in accordance with the form of certificate which shall be prescribed by the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, the father or mother of such child shall be required to appear in person at the office of the Commissioner of Health, and to report to him or her, immediately thereafter, the name of the child, the date of birth, the place of birth, the name of the mother, and the name of the father, and to sign a certificate of birth, which shall be filed by the Commissioner of Health. In the manner above provided, the father or mother of such child shall be required to report to the Commissioner of Health, within the period above required, the birth of each child born in the city of New York, and to sign a certificate of birth, which shall be filed by the Commissioner of Health. In the manner above provided, the father or mother of such child shall be required to report to the Commissioner of Health, within the period above required, the birth of each child born in the city of New York, and to sign a certificate of birth, which shall be filed by the Commissioner of Health. In the manner above provided, the father or mother of such child shall be required to report to the Commissioner of Health, within the period above required, the birth of each child born in the city of New York, and to sign a certificate of birth, which shall be filed by the Commissioner of Health.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time and place conferred in accordance with the provisions of this chapter. The form of the certificate and the basis schedule shall be delivered, duly signed by the commissioner of health, to each of the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child occurs on the second day of any month, the parent or guardian of such child shall be required to appear in person at the office of the Commissioner of Health, at the time and place of attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the form of a certificate, duly signed by the parent or guardian of such child, and the certificate so submitted to the line of fee (40) dollar 2 for each offense, to be received and filed by the Commissioner of Health.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time when the same are conferred in accordance with the provisions of this act. The form and contents of the schedule and the schedule itself shall be delivered, duly signed by the commissioner of health, to the father and mother of each child, and to the physician or other person who attended the birth of such child, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of any month, the schedule shall be submitted to the Commissioner of Health at the first attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, the person or persons so failing shall be liable to a fine of ten dollars, and be subjected to the line of ten (40) dollars for each offense, to be recovered as other laws and ordinances relating to the collection of fines and penalties may be provided.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time when the same are required to be furnished. The form of the certificate shall be prescribed by the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, the father and mother shall be notified by the Commissioner of Health, by mail, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to cause the same to be duly registered in the office of the Commissioner of Health. Any person who is convicted of an offense under this section shall be fined not more than \$100, or imprisoned not more than 60 days, or both, at the discretion of the court.

[illegible][illegible][illegible][illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time and place conferred in accordance with the provisions of this act. The name of each child, if any child, have been born, shall be written in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the birth shall be reported to the Commissioner of Health at the first attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the form of a certificate, at the time and place conferred in accordance with the provisions of this act. Any person who shall be convicted of the crime of failing to report the birth of any child, as above required, to the line of ten (40) dollars a fine for each offense, to be received and collected by the Commissioner of Health.

[illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time and place conferred in accordance with the provisions of this chapter. The form of the certificate and the basis schedule shall be delivered, duly signed by the commissioner of health, to each of the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child occurs on the first day of any month, the birth shall be reported to the Commissioner of Health at the first attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the form of a certificate, duly signed by the person or persons of such child, and the certificate shall be attached to the line of line 40, dollar 4 for each offense, to be received and filed by the Commissioner of Health.

[illegible][illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time the same are conferred in accordance with the provisions of this act. The name of each child, if any child, have been born, shall be written in the form of a certificate between the first and third day of each and every month to the satisfaction of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the birth shall be reported to the Commissioner of Health at the first attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, the person or persons shall be liable to a fine of ten dollars, and be subjected to the line of ten (40) dollars for each offense, to be recovered as other laws and ordinances now in force are.

The schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall also contain a record of all the names of each child, if any child, have been conferred in accordance with the provisions of this act, and of the date when such name was so conferred. In case of the birth of a child, a certificate between the first and third day of each month to the commissioner of health. In case the birth of any child occurs upon the mother immediately thereafter it shall become the duty of the person or persons attending upon the mother, immediately thereafter, in the manner and within the period above required, to report to the commissioner of health. If such person or persons fail to do so, they shall be subject to the fine of \$40 dollars for each offense, to be recovered as other laws and ordinances are collected to the fine of \$40 dollars.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Commissioner of Health, in the form of a certificate, at the time the same are conferred in accordance with the provisions of this act. The name of each child, if any child, have been born, shall be written in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the birth shall be reported to the Commissioner of Health at the attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, the person or persons so failing shall be liable to a fine of not more than five dollars, to be recovered in the manner and by the means provided in the act of 1904 (chapter 40) relating to the collection of fines and forfeitures.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First A. 8614*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 3rd 88*
4. Place of Birth, (Street and Number) *622 W. Lombard St*
5. Full Name of Mother, *Lou Phillips*
6. Mother's Maiden Name, *Wm. Sumner*
7. Mother's Birthplace, *Wm*
8. Full Name of Father, *Wm. Sumner*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *L. E. Keale M.D.*
- Address, *319 W. Monument St.*
- Remarks, *"*

This schedule shall contain a list of the births which have occurred under his or her care during the third day of each and created, duly signed by the physician or practitioner of medicine, and the child to report on the birth to the Commissioner of Health. It shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this schedule, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

19

1a A. 8610

female
White

White

Dec. 4th / 88

115 W. Lombard St

Kessie Meyers

15

444

—

A. E. Kendall 24. 8.

or other Person who
makes this Return.

115 W Lombard St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not of the child, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, daily, to the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, it should be reported to the Registrar of Health by the person who attended the birth, immediately thereafter it should be reported to the Registrar of Health by the person who attended the birth, and any such person who fails to report its birth to the Registrar of Health, or who fails to report it within the time specified, and any such person or persons who fail to report it, shall be liable to a fine of ten dollars for each offense in so recovered as other laws and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 6616

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 8 / 88

4. Place of Birth, (Street and Number)

115 N. Lombard St.

5. Full Name of Mother,

Anna Nelson

6. Mother's Maiden Name,

Anna Nelson

7. Mother's Birthplace,

Wm.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

A. H. Woods M. D.

Name of Medical Attendant, or other Person who makes this Return

115 N. Lombard St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 8617*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 8th 88*

4. Place of Birth, (Street and Number), *622 W Lombard St*

5. Full Name of Mother, *Rebecca Carbis*

6. Mother's Maiden Name, *Not known*

7. Mother's Birthplace, *MD*

8. Full Name of Father, *Not known*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other person who makes this Return, *L. E. Seale M.D.*

Address, *319 W. Monument St.*

Remarks, _____

This schedule shall contain a list of the births which have occurred under his or her jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of delivery, signed by the practitioner in the form of a certificate between the first and third day of each month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the mother shall attend upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall also be entered in the register of births, which is to be maintained by the Commissioners of Health. This schedule shall contain the name of the child, the date and place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of medicine, and the name of the person who shall be responsible for the care of the child. The name of the child shall be entered in the register of births, and the name of the mother shall be entered in the register of births. The name of the father shall be entered in the register of births. The name of the physician or practitioner of medicine shall be entered in the register of births. The name of the person who shall be responsible for the care of the child shall be entered in the register of births. The name of the child shall be entered in the register of births, and the name of the mother shall be entered in the register of births. The name of the father shall be entered in the register of births. The name of the physician or practitioner of medicine shall be entered in the register of births. The name of the person who shall be responsible for the care of the child shall be entered in the register of births.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

0204

White

Dec^r 9th 1888

1420 Madison Ave

Ida May Alvey

Start Bureau

Baltimore

William Alvey

Subt. 9, 2nd O. R. R.

Baltimore

L E Neale MD

319 N. Monument St

Remarks,

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth; and the sex, race or color, the full name and occupation of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

26 Child A 8619

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 12 1888.

4. Place of Birth, (Street and Number)

943 Mulberry St

5. Full Name of Mother,

Eara Gellworth

6. Mother's Maiden Name,

Eara Russell Baltimore

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver Gellworth

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. R. Leasley

Address,

213 E. Heath St

Remarks,

Living Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its birth, and the date of its registration. It shall also indicate between the first and third day of each and every month to the office of the Commissioner of Health, in which month the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A. 8620

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 12th 88

4. Place of Birth, (Street and Number)

622 W Lombard St

5. Full Name of Mother,

Emma Metz

6. Mother's Maiden Name,

Not known

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Not known

9. Father's Occupation,

"

"

10. Father's Birthplace,

"

"

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

314 W. Monument St

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, his or her sex, color, the full name and occupation of its mother, the date of its birth, the day of the week, the time of day, the place of birth, the name of the physician or practitioner of medicine or surgery, or of the midwife, who attended the birth, and the name of the person who attended the child in case the mother be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 8621

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 16th 188

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Mrs. Smith

6. Mother's Maiden Name, "M.D."

7. Mother's Birthplace, "M.D."

8. Full Name of Father, "M.D."

9. Father's Occupation, "M.D."

10. Father's Birthplace, "M.D."

Name of Medical Attendant, or other Person who makes this Return A. W. Mendenhall M. D.

Address, 115 W. Lombard St.

Remarks, "M.D."

month, and shall set forth as far as the same can be ascertained the following particulars: the sex, color, the full name and occupation of its parents, the date and place of its birth, and the date of its delivery, and the date of its registration, and the date of its first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the duty of the person or persons who shall become the medical attendant of the child, in the month of its birth, shall be to report its birth to the Commissioner of Health, in the manner and form provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d A 8622

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 16th 1888

4. Place of Birth, (Street and Number)

204 Salem Str

5. Full Name of Mother,

Katie Garner

6. Mother's Maiden Name,

Katie Walsh

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Garner

9. Father's Occupation,

Gasfitter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs W. W. Mearns Midwife

Address,

923 Penna ave

Remarks,

A

Health. This schedule shall contain a list of the births which have occurred under his or her supervision in the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In cases the birth of any child occurring on the first day of the month, the practitioner shall deliver the schedule to the office of the Commissioner of Health upon the mother, immediately thereafter. It shall become the duty of the practitioner, if he or she is called upon to attend to the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

4623

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 17th 88

4. Place of Birth, (Street and Number)

622 W. Lombard St.

5. Full Name of Mother,

Leta Smith

6. Mother's Maiden Name,

Not known

7. Mother's Birthplace,

Ms

8. Full Name of Father,

Not known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 W. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A. 8624*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 18" 88*

4. Place of Birth, (Street and Number) *622 W. Monument St*

5. Full Name of Mother, *Mary Clark*

6. Mother's Maiden Name, *Not known*

7. Mother's Birthplace, *Mo*

8. Full Name of Father, *Not known*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other person who makes this Return, *L. E. Neale M.D.*

Address, *319 W. Monument St.*

Remarks,

This certificate shall contain a list of the births which have occurred under its jurisdiction during the month in which it is issued, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth, and the name of the mother, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or if a child be born to any person who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of such offense, to be recovered as other fines and forfeitures are recoverable, he or they shall be liable to a fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A. 86245

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....*White*.....

3. Date of Birth, Dec/8 88

4. Place of Birth, (Street and Number) 622 W Lumbard St

5. Full Name of Mother, Barbara Skopied

6. Mother's Maiden Name, Esther Krumm

7. Mother's Birthplace, Ind

8. Full Name of Father, not known

9. *Father's Occupation,*....." "

10. *Father's Birthplace,*.....*Li*.....*61*.....

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

[illegible]

[illegible]

142

First A. 8626

Wm. H. H. H. H.

Calaveras

Dec 18" 82

622 2r Lumber LH

Justice Ramsey

No 2 *Arum*

True

Not known

" "

..11

L. E. Neale M. T.

319 W. Monument St

Remarks,

[illegible][illegible]

100 A. 8627

Maal

White

Dec. 18th /88

115 St. Lombard St

Anna Deane

16 "

Ma.

L. G. Kessel M. D.

115 E. Lombard St.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, under the following conditions: (1) The full name and occupation of the parents, the date and place of birth, and the sex of each child, shall be ascertained and entered in the schedule. (2) The full name and occupation of the practitioner in the form of a certificate between the first and third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter the practitioner shall become liable to the provisions of this section above required, and shall report his birth to the office of the Commissioner of Health, in the form of a certificate, within the period above required, and shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. 6 child A. 5628

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Dec. 19, 1888 1875 E. Tasker St.

4. Place of Birth, (Street and Number) 1513 E. Tasker St.

5. Full Name of Mother, Adia Wrap

6. Mother's Maiden Name, Katie Coursoole

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Wrap

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr. Tasker

Address, 213 E. Health St.

Remarks, George Shell

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of its parents, the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the third day of the month next ensuing, to the office of the Commissioner of Health. In case the birth of every child shall occur in the presence of a physician, or a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the practitioner or midwife to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child* 5629
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *19. December*
4. Place of Birth (Street and Number), *406 New St*
5. Full Name of Mother, *Jennie Harries*
6. Mother's Maiden Name, *Jennie McDell*
7. Mother's Birthplace, *County Tyrone Ireland*
8. Full Name of Father, *John H. Harries*
9. Father's Occupation, *Railroad*
10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. J. L. Satter*
- Address, *415 New St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conceived, born, or died during the month), the date and place of birth, the age and sex of the child, the name of the mother, the name of the father, the name of the physician or midwife attending the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

RE A 8631

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 21/88

4. Place of Birth, (Street and Number)

115 W. Lombard St

5. Full Name of Mother,

Carry Smith

6. Mother's Maiden Name,

" No "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

C. V. Woods M.D

Name of Medical Attendant, or other Person who makes this Return

Address,

115 W. Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A. 4631

1. Sex, (state whether male or female)

Male

(Walter Irvin Bruner)

A.D.D. 4/27/20

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 23 the 1888

4. Place of Birth, (Street and Number)

653 Columbia ave

5. Full Name of Mother,

Anna Bruner

6. Mother's Maiden Name,

Asya Hansen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

W. H. Bruner

9. Father's Occupation,

Fruit dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other person who makes this return.

Mrs. W. Maunel Midwife

Address,

923 Penna ave

Remarks,

This shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a statement of the date and place of birth, the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of the profession of midwifery, or should no other person be in attendance upon the mother, then the birth of such child shall be reported to the Commissioner of Health by the nearest neighbor or person who shall hereafter and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 8/32

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 24 1884

4. Place of Birth, (Street and Number)

111 W. Baltimore St

5. Full Name of Mother,

Anna P. H.

6. Mother's Maiden Name,

Anna H. H.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. D. P. H.

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. H. H. H.

Address,

512 W. H. H.

Remarks,

and shall enter the same on a birth certificate to be prepared by the Commissioner of Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. It shall be the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 - A. 8623
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 25 1886
 4. Place of Birth, (Street and Number) 311 W. Delaware St
 5. Full Name of Mother, Elleanor Lawrence
 6. Mother's Maiden Name, Elleanor Gould
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Geo. J. Lawrence
 9. Father's Occupation, Merchant
 10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return, Dr. Hildentrop
- Address, 319 R. Monument
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A. 8634

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 25th 1888

4. Place of Birth, (Street and Number)

704 Germaniastr

5. Full Name of Mother,

Anna Meier

6. Mother's Maiden Name,

Anna Varrath

7. Mother's Birthplace,

Boaria

8. Full Name of Father,

Nichelm Meier

9. Father's Occupation,

Lakemith

10. Father's Birthplace,

Hannover Germany

Name of Medical Attendant,

or other person who makes this Return.

Mrs. W. Wernmel Midwife

Address,

923 Germaniastr

Remarks,

[illegible]

- No. of Child
1. Sex, (state)
2. Race or Color
3. Date of Birth
4. Place of Birth
5. Full Name

1/2

A. 8565

- Female*

White

SEC 26/28

Callington

May Sloah

Many Order

Beck

Es Levah

Railroad Employee

Baer

acrole

2102 *Madras* ED

lot of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its mother, the date of birth, the date of the month of the practitioner in the form of a certificate between the first and third day of each and every month to the end of the month.

The birth of any child shall occur without the attendance of a physician or practitioners of midwives, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and each such person shall be liable to a fine of not more than ten dollars for each offense, and the person or persons so liable shall be subject to the same of ten (10) dollars for each offense as other persons and corporations are liable to.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....3

A. 8635

- John Murphy & Co., City Engineers and Stationers.

10. This section shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the name can be ascertained the full name of each child, of any child, or of any child born to a woman, the date and place of birth; and the certificate between the first and the third day of each and every month to the office of the Commissioner of Health, or should no person be in attendance without the attendance of a physician or practitioner of midwifery, or should no person be such as to become the birth of a child, shall become the duty of the person or persons of such class to report the birth to the Commissioner of Health, and shall be liable to a fine of not more than any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of

1. Sec
2. Re
3. De
4. PU
5. E

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27 '88

4. Place of Birth, (Street and Number) 622 W Lumber St

5. Full Name of Mother, Annie Heaffell

6. Mother's Maiden Name, Not known

7. *Mother's Birthplace.* 2m 8

8. Full Name of Father, Not known

9. *Father's Occupation,* 11

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return. L. E. Meale & Son

Address, 319 W. Monmouth St.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be returned by the practitioner to the Registrar in the form of the certificate of birth, and the said certificate shall be subject to the same provisions as to the return of the certificate of birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d 8638

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 27th 1888

4. Place of Birth, (Street and Number)

223 Richmond St

5. Full Name of Mother,

Mary Murray

6. Mother's Maiden Name,

Martin

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Murray

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

L. E. Neale M.D.

Address,

519 N. Monument

Remarks,

This schedule shall contain a list of the births which have occurred on the day or her care during the month, and shall be forthwith delivered to the Registrar of Vital Statistics, Baltimore City, on the first day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, the person or persons so failing shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

48639

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 29/88

4. Place of Birth, (Street and Number)

W^o 2500 Canton Ave

5. Full Name of Mother,

Lina Dittmeier

6. Mother's Maiden Name,

Schäferlein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Dittmeier

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Louise Kieft

Address,

W^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 A 8640

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 3/88

4. Place of Birth, (Street and Number)

No 502 S. Bond St.

5. Full Name of Mother,

Christine Knapik

6. Mother's Maiden Name,

Polina

7. Mother's Birthplace,

Ungarn

8. Full Name of Father,

Joseph Knapik

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ungarn

Name of Medical Attendant, or other person who makes this Return.

Mrs Louise Kraft

Address,

No 405 S. Washington St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, religion, name of the mother, the name of the father, the date of birth, the day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A 8641
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

Dec 2/88
No 1630 Bank St.

5. Full Name of Mother,

Maggie Ribgen
Wolfermann

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Reinhardt Ribgen,

9. Father's Occupation,

Cigar-Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft.

Address,

No 405 S. Washington St.

Remarks,

This certificate shall contain a list of the births which have occurred within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of the medical attendant, if any, who attended the birth. In case the birth of any child shall occur within the jurisdiction of the Registrar of Vital Statistics, the Registrar shall require the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered at either fine and forfeitures are recoverable.

Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered to the same authority as the full and complete return of the births and deaths of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such sex, race or color, or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3A 5643

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 5/88

4. Place of Birth, (Street and Number)

N^o 514 S. Bond St.

5. Full Name of Mother,

Hanna Birkemeyer

6. Mother's Maiden Name,

Crawling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Birkemeyer

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Washington D. C.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 2405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

215644

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3/88

4. Place of Birth, (Street and Number)

W^o 420 S. Chm St.

5. Full Name of Mother,

Magdalena Schmidt

6. Mother's Maiden Name,

Thppel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Schmidt

9. Father's Occupation,

Maschinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

W^o 405 S. Washington St.

Remarks,

Health. This certificate shall contain a list of the births which have occurred under his or her care during the month in which the child was born, and shall be signed by the Registrar of Vital Statistics, and the said certificate shall be delivered, duly signed by the practitioner in the month of the birth of the child, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance at the birth of the child, the parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 12/88

4. Place of Birth, (Street and Number)

N^o 331 S. Chester St.

5. Full Name of Mother,

Sisbeth Spindler

6. Mother's Maiden Name,

Ueltsmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Spindler

9. Father's Occupation,

Chick

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Craft

Address,

N^o 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under law of Maryland during the month, and shall set forth the name of the mother, the name of the father, the date and place of birth, the sex, the race or color, the date of birth, the date of registration, the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should the other person be in attendance upon the mother immediately thereafter, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, say, such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to which the child was born, and the day of its birth, and the day of its death, if it shall occur without the attendance of a physician or practitioner of medicine, or the day of the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

71 6646

1. Sex, (state whether male or female) *Females*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 13 / 88*
4. Place of Birth, (Street and Number) *No 2009 Pleasant Mtly*
5. Full Name of Mother, *Mary Gearty*
6. Mother's Maiden Name, *Gearty*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John Gearty*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Louise Craft*
- Address, *No 405 S. Washington St.*
- Remarks, *Drwins.*

[illegible]

...

1-A8647

Male

3. *Date of Birth,*

Dec 14/88
W^o 415 L. Caroline St
Mary Westhall
Ell

Mary Westholl
Bill

Bill

Baltimore

John Westhrell

Labourer

Baltimore

Mrs. Louise Kraft

N^o 403 S. Washington St.

Remarks.

Article-1th. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be submitted to the Registrar of Births and Deaths, at the Registrar's office, on or before the 1st day of January following the year for which the schedule is submitted. The schedule shall contain the following information: (1) the name and sex of the child, (2) the date and place of birth, and (3) the name and occupation of the parents. The schedule shall be signed by the practitioner in the form of a certificate between the first and last entries, and shall be countersigned by the Registrar of Births and Deaths, and shall be retained by the Registrar of Births and Deaths for a period of one year after the date of its submission. The Registrar of Births and Deaths shall retain a copy of the schedule for a period of one year after the date of its submission. The Registrar of Births and Deaths shall be entitled to recover the cost of the schedule from the practitioner who submitted it. The Registrar of Births and Deaths shall be entitled to recover the cost of the schedule from the practitioner who submitted it. The Registrar of Births and Deaths shall be entitled to recover the cost of the schedule from the practitioner who submitted it.

11

4 A. 8648

Male

3. *Date of Birth,*

Dec 18/88
N^o 2000 Canton Thve

Elise Fries

Maurer

Germany

Simon Fries

Restaurateur

Baltimore

Mrs. Louise Kraft

No 405 S. Washington St.

892 J. C. DULANY & D. CITY PRINTERS AND STATIONERS

[illegible][illegible]

8A8149

Female

3. *Date of Birth,*

Dec 28 / 88

No 1712 Thames St.

Augusta Elbel

Bastrop

Gernard

August Elbel

Redeemer

Mrs. Louise Kraft

$N^{\circ} 40^{\circ} S.$ Washington L.

800 J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names, sex, color, date of birth, place of birth, and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur during the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the physician or practitioner of midwifery, or the person or persons of such attendance, shall be liable to a fine of ten dollars for each offense, if he or she fails to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, if he or she fails to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, if he or she fails to comply with the provisions of this section.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2A8550

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 25/88

4. Place of Birth, (Street and Number)

Nº 249 S. Chester St.

5. Full Name of Mother,

Mary Hornsby (Samuel Hornsby)

6. Mother's Maiden Name,

Mary Oliver

7. Mother's Birthplace,

Virginien

8. Full Name of Father,

Samuel Hornsby (Mary Hornsby)

9. Father's Occupation,

Seemann

10. Father's Birthplace,

Virginien

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

Nº 405 S. Washington St.

Remarks,

Full name of child - John William Hornsby

[illegible]

The mother's certificate shall contain a list of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred before the birth; the full name and occupation of the parents; the date and place of birth; and the third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it should no other person be in attendance at the birth, who shall report the same to the Commissioner of Health, in the manner and within the period above required, and shall certify to the truth of such statement by signing the same. Any person failing to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

2A.8657
Female

Female

Female

Dec 25 / 88

No 2031 Bank St.

Fanny Mc Donough
Bruns

Fanny Mc Donough
Bruns

Baltimore

Martin M. Donough
Clerk

Chlor

Trinidad

Mrs. Louise Kraft

N^o 405 S. Washington St.

N^o 405 S. Washington St.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

and name of said person or persons as the same can be ascertained; the full name of each child, if any, shall be conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the full schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health in evidence of the birth of any child born during such month.

The physician, midwife, nurse, or other person attending upon the mother, immediately thereafter it shall become the duty of the person or persons attending upon the mother, immediately thereafter it shall become the duty of the person or persons attending upon such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten dollars (or less) recoverable as other fines and forfeitures are recoverable.

[illegible][illegible][illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the sex, color, the date and place of birth, the name and occupation of its parents, the date and place of its birth, the date and place of its death, the date and place of its burial, the date and place of its removal to a hospital, and the date and place of its removal to a nursing home, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the only of the person or persons be liable to report its birth to the Commissioner of Health, in the manner and to the effect provided for in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *A. 8653*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Dec. 26th, 1888.*
4. Place of Birth, (Street and Number) *# 729 Forrest St.*
5. Full Name of Mother, *Mary Lapanahan.*
6. Mother's Maiden Name, *Keiffe.*
7. Mother's Birthplace, *Ireland.*
8. Full Name of Father, *James Lapanahan.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Ireland.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Henry Stillegeist.*
- Address, *#103 E Monument St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 **A.** 8654

1. Sex, (state whether male or female) male white

2. Race or color, (if not of the white race)

3. Date of Birth, December 27th 1888

4. Place of Birth, (Street and Number) Baltimore, Throop St No 32

5. Full Name of Mother, Emma Wine

6. Mother's Maiden Name, Emma Jordan

7. Mother's Birthplace, Harford Co

8. Full Name of Father, William Wine

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Catharine M. Nichols

Address,

Remarks,

month, and shall act forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month in the year of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child have been born, the date of its birth, the name of its parents, the date and place of birth, and the date of its baptism. The certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no physician or midwife attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child in report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, and the same shall be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. **A. 8653**

1. Sex, (state whether male or female). Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 27th 1899.

4. Place of Birth, (Street and Number) #819 A. Front St.

5. Full Name of Mother, Sarah Prandier.

6. Mother's Maiden Name, Towler.

7. Mother's Birthplace, Westminster Md.

8. Full Name of Father, Martin Prandier.

9. Father's Occupation, Machineist.

10. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other person who makes this Return, Mrs. Emma M. Heger

Address, #103 E. Monument

Remarks, _____

[illegible]

transferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, duly certified, to the practitioner in the form of a certificate between the first and second and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the midwife. Immediately thereafter it shall become the duty of the practitioner of Health, in the manner and within the period above stated, to cause the parents of such child to report to the practitioner of Health, in the manner and within the period above stated, and any such person or persons who fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as per fines and forfeitures are recoverable.

transferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, directly to the practitioner in the form of a certificate between the first and last certificate, and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the child, and the practitioner of Health, in the month and within the period above stated, and any such person or persons shall be liable to a fine of not less than ten dollars, and not more than twenty dollars, for each offense, to be recovered as per fines and forfeitures are recoverable.

ferred, the next day the full name and occupation of its parents, the date and place of birth, and any shall have been completed, and the child shall be delivered, directly to the practitioner in the form of a certificate between the first and second, and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the midwife. Immediately thereafter it shall become the duty of the practitioner of Health, to report to the practitioner of Health, in the manner and within the period above provided, and any such person or persons who fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as per fines and forfeitures are recoverable.

transferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, directly to the practitioner in the form of a certificate between the first and last certificate, and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the child, and the practitioner of Health, in the month and within the period above stated, and any such person or persons shall be liable to a fine of not less than ten dollars, and not more than twenty dollars, for each offense, to be recovered as per fines and forfeitures are recoverable.

ferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, directly to the practitioner in the form of a certificate between the first and second, and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the midwife. Immediately thereafter it shall become the duty of the parent or parents of such child to report to the practitioner of Health, in the month and within the period above stated, and any such parent or person failing to do so shall be liable to a fine of not more than ten dollars, and any such parent or person for each offense, to be recovered as per fines and forfeitures are recoverable.

[illegible][illegible][illegible]

ferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, directly to the practitioner in the form of a certificate between the first and second, and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the midwife. Immediately thereafter it shall become the duty of the practitioner of Health, in the manner and within the period above stated, to report the birth of such child to the practitioner of Health, and any such person, who fails to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as per fines and forfeitures are recoverable.

[illegible]

ferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, duly certified, to the practitioner in the form of a certificate between the first and second and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the midwife. Immediately thereafter it shall become the duty of the practitioner of Health, in the manner and within the period above stated, to report the birth of such child to the practitioner of Health, in the manner and within the period above stated, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as per fines and forfeitures are recoverable.

[illegible]

ferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been counted, and every month to the practitioner in the form of a certificate between the first and second attendance of a physician or practitioner of Health. In case the birth of any child shall occur without a mother, Immediately thereafter it shall become the duty of the parent or parents of such child to report to the Commissioner of Health, in the manner and within the period above specified, and any such parent or person for each child, to be in compliance with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as per fines and forfeitures are recoverable.

ferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been completed, and the child shall be delivered, directly to the practitioner in the form of a certificate between the first and second, and every month to the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, it should no other person be in attendance upon the midwife. Immediately thereafter it shall become the duty of the parent or parents of such child to report to the practitioner of Health, in the month and within the period above specified, and any such person or persons who fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as per fines and forfeitures are recoverable.

transferred, the next day the full name and occupation of its parents, the date and place of birth, and any child shall have been counted, and every month to the practitioner in the form of a certificate between the first and third day after the child's attendance of a physician or practitioner of Health. In case the birth of any child shall occur without a mother, Immediately thereafter it shall become the duty of the nearest parents of such child to report to the practitioner of Health, in the manner and within the period above specified, and any such parent or person so failing to do so shall be liable to a fine of not more than ten dollars, and any such parent or person for each offense, to be recovered as per fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 8057
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29 1888
4. Place of Birth, (Street and Number) Baltimore Byrd St No 1818
5. Full Name of Mother, Dora Woody
6. Mother's Maiden Name, " Thompson
7. Mother's Birthplace, Germany
8. Full Name of Father, John W Woody
9. Father's Occupation, Boater
10. Father's Birthplace, Western Virginia
- Name of Medical Attendant, or other Person who makes this Return, Mrs E Donaldson
- Address, 214 E Winder St Baltimore
- Remarks, Mother and child are doing well.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

c.) 5th

A 8508

- Male.

colored,

29th December 1888.

3/11. S. Bethel st.

Elija Tolke

Monday. Monday.

Baltimore

Chas. W. Folke

Winter

Baltimore

.....

1829 25 Feb 18

Remarks.

birth certificate shall contain a list of all births which have occurred under his or her care during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the date and place of birth, and the names of the parents, and shall be delivered to the Commissioner of Health, who shall cause the same to be entered in the birth records of the State. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, and to file with him a copy of the birth certificate, and to pay to the Commissioner of Health the sum of two dollars and fifty cents, which shall be applied to the fine of ten dollars each offence, to be covered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 31st 1888*
4. Place of Birth (Street and Number) *320 Albemarle St*
5. Full Name of Mother *Amelia Passagno*
6. Mother's Maiden Name
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Joseph Passagno*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *J. W. Bates M.D.*
Address *1020 E. Balto St*
Remarks

A. 8057

[illegible][illegible]

7 Child A. 8660
Male:

Male:

Male:

Dec 31 — 1888.

655 Haw st.

Dora Hausmann.

Schmidt

America.

Jacob Hausmann

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urn. *A. Schwassers. Midwife*

1032 Hannover, N.

1032 Hannover, N.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been delivered, duly signed by the practitioner in the case of the mother, and the date of birth of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, duly licensed by the State, the mother shall be at once summoned to the Office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense and be recovered as other criminal and forfeitures a recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d child A 8601
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Dec 23rd 1888
 4. Place of Birth, (Street and Number) High St
 5. Full Name of Mother, Agnes Brooks
 6. Mother's Maiden Name, Agnes Brook
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, J. Vincent Brooks
 9. Father's Occupation, Coal Dealer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return. J. P. Powell M.D.
 Address, 2124 St. Paul St.
 Remarks, Child - Healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th* *A. 8662*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 8th 1888*

4. Place of Birth, (Street and Number) *#809 N. Front St*

5. Full Name of Mother, *Bridget M. O'Henry*

6. Mother's Maiden Name, *Kelley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Peter M. O'Henry*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Mrs. George Hillegeist*

Address, *#10386 Monument St*

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th.*

A. *8663*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 11th 1898*

4. Place of Birth, (Street and Number) *Greenmount Ave*

5. Full Name of Mother, *Katie Devine*

6. Mother's Maiden Name, *" Fitzpatrick*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Michael Devine*

9. Father's Occupation, *Brass Finisher*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Anna Hilgert*

Address, *#10380 Greenmount Ave*

Remarks, _____

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the practitioner of medicine, or the midwife, or the person who has the charge of the birth, and shall be delivered, with the full name and occupation of its parents, the date and place of birth, and the sex of the child, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of the child, the person or persons of such sex as may be required by the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be returned to the office of the Commissioner of Health, on or before the first day of the month following. The full name of each child, if any shall have been conferred, its sex, color, the full name of the mother, the date of birth, the name of the physician or midwife, and the date of the birth, shall be entered in the said schedule and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each sex and color, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 8684
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 12th 1888
4. Place of Birth, (Street and Number) 445 High St.
5. Full Name of Mother, Mary Kimmel
6. Mother's Maiden Name, Mary
7. Mother's Birthplace, Pittsburg St. Va.
8. Full Name of Father, Conrad Kimmel
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. Henry Hillegeist
- Address, #1034 E. Monument St
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 8855

Make:

White

Dec. 14th 1888

29. Central Ave

Edo H. ...

Amherst

e, "Lead

German 15

James M.

Engineer. 14

Hartmann, H. H.

18200

Remarks, _____

[illegible]

14.2

9th

A 8667

1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Dec. 13th 1888*
4. Place of Birth, (Street and Number) *#707 Graves St*
5. Full Name of Mother, *Emily Smith*
6. Mother's Maiden Name, *" Boyer.*
7. Mother's Birthplace, *Pottsville Pa.*
8. Full Name of Father, *William Smith*
9. Father's Occupation, *Shoemaker.*
10. Father's Birthplace, *New York.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* Δ 8558

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 21st 1888*

4. Place of Birth, (Street and Number) *910 S. Charles Street*

5. Full Name of Mother, *Mary Miller*

6. Mother's Maiden Name, *Mary Gauen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Miller*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *D. H. Webster*

Address, *403 Hanover Street*

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, or other person who makes this Return, in the case of the birth of any child shall duly certify without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9

A. 8569

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race) White

3. Date of Birth. Dec 24th 1888

4. Place of Birth. (Street and Number) Argyle Avenue No 1224

5. Full Name of Mother. Martha Holden

6. Mother's Maiden Name. Pentz

7. Mother's Birthplace. Baltimore

8. Full Name of Father. Samuel Holden

9. Father's Occupation. Insurance agent

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. H. D. Dwyer M.D.
1221 Balto. St.

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

to be paid to the practitioner in the form of a fee for services rendered, and the full amount of the same can be ascertained the full name of each child (if any) shall have been conferred, the month and day of birth, and the date and place of birth, and the said schedule shall be delivered, and paid for, to the practitioner in the form of a certificate between the first and third day of each and every month, to the City and County Registrar of Health. In case of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or guardian of such child to be responsible in liability to the Commissioner of Health, whether the child be recovered or not, but notwithstanding, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense so recovered as otherwise and forfeited and recoverable.

1. S
2. R
3. L
4. E
5. F
6. M

A 8670

- in Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

8671

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

27 of December

4. Place of Birth, (Street and Number)

Parish alley near Patterson ave

5. Full Name of Mother,

Fanny Lyles

6. Mother's Maiden Name,

Fanny Thurg

7. Mother's Birthplace,

Middlesex County Va.

8. Full Name of Father,

Samuel Lyles

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Calverton County MD.

Name of Medical Attendant, or other person who makes this Return.

Sarah Rawlings

Address,

1610 Union St near Baker

Remarks,

3^d

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 8672

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

27 Dec 1889

4. Place of Birth, (Street and Number)

403 W. Fremont St

5. Full Name of Mother,

Charlotte Thier

6. Mother's Maiden Name,

Charlotte Vogt

7. Mother's Birthplace,

Muenzingen (Germany)

8. Full Name of Father,

Charles Thier

9. Father's Occupation,

Carver

10. Father's Birthplace,

Muenzingen (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Helms

Address,

254 Pearl St Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, and date and place of birth; and the name of the mother, and the date and place of her birth; and the name of the father, and the date and place of his birth; and the date and place of the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 8574*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28th of December 1888*
4. Place of Birth, (Street and Number) *1816 Walters Ave.*
5. Full Name of Mother, *Mary Epharts*
6. Mother's Maiden Name, *Lyons*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles W. Epharts*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs E. D. Dumas*
Address, *No 1927 W. Lombard St*
Remarks,

of the child which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been born, and also the full name and occupation of the mother, and the name and occupation of the father, and the name and occupation of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as otherwise provided in this act.

2. 1
3. 1
4. 1
5. 1
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7. 1

Hist A. 8675

Female

White

December 29, 1888

1737 E. Trevelyan

Catherine Mary Bingham

Robinson

Fort Arbuckle Indian Territory

Anthony M. Briare

Druggist

Salts City

John Pickel M.D.

1312 Chew St

© Murphy & Sons, Printed and Published

1. The Registrar shall cause a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of the month following the birth of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person who shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 8676

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 29th

4. Place of Birth, (Street and Number) Frederick avenue 925

5. Full Name of Mother, Reasa L. Hapraun

6. Mother's Maiden Name, " Seifert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank J. Hapraun

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. E. Dumas

Address, No 1927 W Lombard St

Remarks, _____

[illegible]

THE J. C. DULANT & CO., CITY PRINTERS AND STATIONERS

A. 8677

2. Race or color, (if not of the white race). Colored

2. Race or color, (if not of the white race). Colored
3. Date of Birth, Dec 30, 1888

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Florence L. Parker
Baltimore Md.

Millard Gross
229 York Street

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

A. 8678

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) color

3. Date of Birth December 31 1888

4. Place of Birth (Street and Number) Hollin st 1406

5. Full Name of Mother Laura n chase

6. Mother's Maiden Name Laura n Delosher

7. Mother's Birthplace Baltimore

8. Full Name of Father John c chase

9. Father's Occupation cold yard

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Decker ~~h~~ jon son

Address

Remarks

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

June

Citara

6 of December.

16 19 Vincent St near Baker

Annie Briggs

Amis Thomas

Balti Mary Land

James Smith

Drives

Virginia

Arch. Paulings

1610 Vincent St Near Baker

10.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *680*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *7 of December*
4. Place of Birth, (Street and Number) *1629 Vincent Alley near St. Peter's*
5. Full Name of Mother, *Cornelia Blyse*
6. Mother's Maiden Name, *Cornelia Gross*
7. Mother's Birthplace, *Calvert County*
8. Full Name of Father, *Richard Blyse*
9. Father's Occupation, *Shovel Pitt*
10. Father's Birthplace, *Calvert County*
- Name of Medical Attendant, or other person who makes this Return, *Sarah Katolings*
- Address, *1610 Vincent St near St. Peter's*
- Remarks, *2.*

This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed and attested by the practitioner of health, and the date and place of birth, and the sex, race, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

A. 8581

1. Sex, (State whether male or female).

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

December 11th 88. 8 A.M.

4. Place of Birth, (Street and Number)

4110 1/2 St. extant.

5. Full Name of Mother,

Rebecca C. Gardner.

6. Mother's Maiden Name,

" " Barker.

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

John C. Gardner.

9. Father's Occupation,

Horsedealer.

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other person who makes this Return.

Ernest T. Reine

Address,

1444 Harford Ave.

Remarks,

Position R. O. A. Presentative dentis.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth* *A. 8682*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *December 12, 1888*

4. Place of Birth, (Street and Number) *Travelsy*

5. Full Name of Mother, *Anna Lenhard*

6. Mother's Maiden Name, *an Foster*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Wm Lenhard*

9. Father's Occupation, *Coach Builder*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *J H Patterson M D*

Address, *501 N St Baltimore*

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth, and the date and place of residence of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

that of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, date of birth, the date and place of birth, the day of each and every month to the Office of the Commissioner of Health. In case the mother, the date and place of birth of each child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending such child to report its birth to the health officer, fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars; if each offspring so recovered as tubercles and forfeitures are recoverable.

No. of Child
1. Sex, (state
2. Race or Co
3. Date of B
4. Place of B
5. Full Name

A 8683

5. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

December 13 - 1888

1703 Lurale 10

May Flaherty

May Sachin

Balt

Josh Fla Karting

11-12-10

Walt

I H Patterson in 1980

501 St. Paul

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following the month in which the births have occurred. The name of each child, if any shall have been ascertained, the sex, color, the full name of the mother, the date and place of birth, and the date and place of birth of the mother, shall be entered in the schedule. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to supply the provisions of this section, and any such person or persons shall be liable to a fine of ten dollars for each omission, to be recovered on return and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second A. 8684

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Copard

3. Date of Birth,

21 of December

4. Place of Birth, (Street and Number)

1610 Vincent St near Baker.

5. Full Name of Mother,

Nellie Handings

6. Mother's Maiden Name,

Nellie Handings

7. Mother's Birthplace,

Calvert

8. Full Name of Father,

Harry Handels

9. Father's Occupation,

Driver Dray

10. Father's Birthplace,

Balti. Maryland.

Name of Medical Attendant, or other person who makes this Return.

Sarah Handings

Address,

1610 Vincent St near Baker.

Remarks,

- Second.

[illegible][illegible]

24

[illegible]

- [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A 8686

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth,

Dec 3 1888

4. Place of Birth, (Street and Number)

716 Canton st

5. Full Name of Mother,

Maggie Smith

6. Mother's Maiden Name,

Maggie Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jas. H. Smith

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Arthur Cotance

Address,

509 Reservoir st

Remarks,

Section 1. Every certificate shall contain a list of the facts which have occurred under the care of the hospital during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall during the month have been born at the hospital, the date and place of birth, and the date and place of death, and the cause of death, the sex, color, race, the date and place of birth, and the full surname shall be delivered by the practitioner to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and form provided in this section shall be submitted to the Commissioner of Health a statement of the number of children born alive and dead, stillborn, and the sex of each child, to be preserved as public records, and to be recovered as public files and forfeited as evidence in legal proceedings.

10. Every certificate shall contain a list of the persons which have attended under the care of the hospital during the month, and shall set forth in far as the same can be ascertained, the full name of each child, if any shall during the month have been born, the date and place of birth, the date and place of death, the date and place of burial, the sex, the full name and occupation of its parents, the date and place of its birth, and the date and place of its death, and shall be signed by the practitioner in charge of the hospital. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the name and in the place of the parent or parents of such child, the name of the mother shall be written, and the name of the father, if known, shall be written. The certificate shall be submitted to the Commissioner of Health, and, if found correct, to be preserved as other files and forfeited to the State. If found incorrect, it shall be destroyed.

29

A 8689

And

Colors

Dec 20th 1855

S. G. Tyron, Jr.

Georgie Sampson

Baltimore

Henry James Sampson
Labou

Geboren

Batteries

Hester Cotance

578 *Reuteri* M.

Health. This schedule shall contain a list of the births which have occurred since the last preceding report, and shall set forth as far as possible the age and occupation of its parents, the date and place of birth, and the date and place of death of the child, and the date and place of burial, and the date and place of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the physician or practitioner of medicine shall be notified by the Commissioner of Health, in the manner and within the time of the period above required, and shall make a report to the Commissioner of Health, in the manner and within the time of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

34

A. 8690

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Dec 21st 1888

4. Place of Birth, (Street and Number)

438 St. Margaret

5. Full Name of Mother,

Emma Perkins

6. Mother's Maiden Name,

Emma Mohammed

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Joseph Perkins

9. Father's Occupation,

Walter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return,

Hester Wallace

Address,

508 Madison St.

Remarks,

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

Name: JAMES WOODELL KENNEY
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th male A. 8692

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec. 22, 1885

4. Place of Birth, (Street and Number) 1606 Adams Ave
Bk

5. Full Name of Mother, *Mary Kinnery*
Trinall

6. Mother's Maiden Name, Whitcomb

7. Mother's Birthplace, *St. Gallen*

8. Full Name of Father, *Thos M Henry*

9. Father's Occupation, *Reporter*

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return, *Thomas O. P. M.*

Address, 600 N. Howard St.

Remarks.

[illegible]

This schedule shall contain a list of the births which have occurred under her care during the year ending on the 31st day of December, and shall be retained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the case of any child or child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 8693

1. Sex, (State whether male or female).

Male

2. Race or color, (if not of the white race).

Colored

3. Date of Birth,

Dec 29th 1888

4. Place of Birth, (Street and Number)

553 Offord St.

5. Full Name of Mother,

Jennie Newton

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

D. W. Greep

9. Father's Occupation,

Colour

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

Hester Cotance

Address,

509 Preston St.

Remarks,

[illegible]

— J. C. BULLARD & CO., CITY PRINTERS AND STATIONERS

3 A. 8694

Female

Dec 27 ^A

2830 Elliott St

Mary Harget

Knoll

Baltimore

Andy Hergot

Finner

Baltimore

H. Mack

Remarks.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred upon it before its birth, the date and place of birth, and the name of the physician or practitioner of medicine, or of the midwife, or of the nurse, or of the person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons be in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

A. 8695

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 30th '88

4. Place of Birth, (Street and Number)

114 N. Poppelton
Delmar Dyott

5. Full Name of Mother,

Bordley

6. Mother's Maiden Name,

Manland

7. Mother's Birthplace,

Clarence Dyott

8. Full Name of Father,

Salesman

9. Father's Occupation,

Manland

10. Father's Birthplace,

Thomas Opie M.D.

Name of Medical Attendant, or other person who makes this Return.

Address,

600 N. Howard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *Third* *A 596*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 20th 1884*

4. Place of Birth, (Street and Number) *1017 Summer St.*

5. Full Name of Mother, *Jacob H. Schuch*

6. Mather's Maiden Name, *Disgelmans*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Anthony P. Schuch*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return, *S. W. Seldner M. D.*

Address, *1 E. for Caroline & Eager Sts*

Remarks,

If the birth of the child has occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should on other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Office of the Registrar of Vital Statistics, and every such person who shall fail to do so shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible]

San Murphy & Co., City Printers and Stationers.

Seventh A. 8697

Wheals

White

December 21st 1888

1203 N. Washington St

Garnet S. Hester

Healthy

St. Marks County

William F. Geller

Machrest-

Island.

S. H. Saldner & Co. W.

S. C. for resolution & Eager Sh.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 5695

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth.

Dec 23

4. Place of Birth, (Street and Number)

13 Columbia and E. Sts.

5. Full Name of Mother,

Margaret Sorrell

6. Mother's Maiden Name.

Margaret Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Sorrell

9. Father's Occupation,

Laborman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Grace Harris

Address,

815 Stockholm St

Remarks,

Health, vitality, weight, shall certify that the child, which have occurred under her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, and the name of the practitioner in the form of a certificate between the first and second child of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each child which shall be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 8597

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 September 1897

4. Place of Birth, (Street and Number) 721 Columbia Avenue

5. Full Name of Mother, Rose Scott

6. Mother's Maiden Name, Rose Fries

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Scott

9. Father's Occupation, Cooper

10. Father's Birthplace, Lembach - Hope Chapel

Name of Medical Attendant, or other Person who makes this Return, Dr. Churchill

Address, 720 N Howard Street

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to deliver the said schedule, he shall be liable to a fine of ten dollars, and shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of the birth, which have occurred under it or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its baptism, and the names of the witnesses to the birth. In case the birth of any child shall occur within the attendance of a Physician or practitioner of midwifery, or should be attended by any person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the same to be duly recorded in the birth register of the town or city in which the same shall be born, and the fee of ten dollars for each entry so recorded shall be recovered as a penalty and forfeiture as recoverable.

Katherine Johanna Eiermann

Second A 5701

Female

While-

December 27th 1888

1830 Bow St

Anna E. Dickman

Lisble

Germany

Jacob Eisenmann

Blacksmith

Germany

S. W. Alden M. D.

Remarks,

TIME ADDED. 5-2-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 8702

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 December 1888

4. Place of Birth, (Street and Number) Marine Street

5. Full Name of Mother, Elizabeth Kreyenberg

6. Mother's Maiden Name, E. Mathiasen

7. Mother's Birthplace, Coblenz - Oldenburg

8. Full Name of Father, Bernhard Kreyenberg

9. Father's Occupation, Cigar manufacturer

10. Father's Birthplace, Coblenz - Oldenburg

Name of Medical Attendant, or other Person who makes this Return, A. G. Thierstein

Address, 720 N. Howard Street

Remarks, _____

and each office the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the Registrar of Births, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the duty of the person or persons or parent or other person be in the case of a child, to the Commissioner of Health, in the manner and with the same effect as if the child had been born in the presence of a physician. The Commissioner of Health, in the manner and with the same effect as if the child had been born in the presence of a physician, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible]

Wm. Murphy & Co., City Printers and Stationers.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 8703*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 28th 1888*
 4. Place of Birth, (Street and Number) *1138 M^cKun St.*
 5. Full Name of Mother, *Beveradene M^cDonnell*
 6. Mother's Maiden Name, *Kasper*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *James E M^cDonnell*
 9. Father's Occupation, *Commission Produce*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. S. W. Seldner M. D.*
 Address, *St. Ger. Caroline & Eager Sts.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Eleventh* **A. 5704**

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,...

December 30th 1888

4. Place of Birth, (Street and Number)...

2012 E Chase St

5. Full Name of Mother,...

Bertha E. Smith

6. Mother's Maiden Name,...

Schmid

7. Mother's Birthplace,...

Germany

8. Full Name of Father,...

Herman E. Smith

9. Father's Occupation,...

Baker

10. Father's Birthplace,...

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. W. Goldner M. D.

Address,

56 E. Frederick St

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or other person authorized by law to make such return, the duty of the person or persons who shall be in attendance upon the mother at the time of the birth of such child to be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 8705*
1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *1st December*
 4. Place of Birth, (Street and Number) *2422 Canton Avenue*
 5. Full Name of Mother, *Lizzi Glasby*
 6. Mother's Maiden Name, *= Fitzek*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charly Glasby*
 9. Father's Occupation, *Kammacker*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return, *Mrs G. Weiss*
- Address, *2524 Lancaster St.*
- Remarks, _____

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second months of the child's life, to the Registrar of Vital Statistics, who shall forward the same to the Board of Health. No fee shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* A. 8707

1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *28 December*
 4. Place of Birth, (Street and Number) *600 Cannon St*
 5. Full Name of Mother, *Mary Lettz*
 6. Mother's Maiden Name, *= Behm*
 7. Mother's Birthplace, *Balt*
 8. Full Name of Father, *Edm Lettz*
 9. Father's Occupation, *Labeln*
 10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other person who makes this Return. *Mrs E. Weiss*
- Address, *25-24 Lancaster St*
- Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person having charge of the child shall be liable to a fine of ten dollars for each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *8706*
1. Sex, (State whether male or female). *female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *29 December*
4. Place of Birth, (Street and Number) *2546 Canton Avenue*
5. Full Name of Mother, *Margi Cumberland*
6. Mother's Maiden Name, *Kelner*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Henry C. Cumberland*
9. Father's Occupation, *Labeler*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other person who makes this Return. *Mr. H. Weiss*
- Address, *2524 Lancaster St*

Missing

9604

95

A. 8709 - 9604

These Missing Certificates
Copied Out of Large Vol #9.

Orig Certif

8709 to 8766 incl
year 1888
see Vol #9

8767 to 9604 incl
year 1889

Copied out of
Vol 9.

Missing #A8709-#A8819

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH**

Registered No. **A-8820**

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number:

Bayard Street

(b) Mother's stay before delivery:

hospital or institution **In Baltimore**
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State **Maryland** (b) County

(c) City or town **Baltimore**
(If outside city or town limits, write RURAL)

(d) Street No. **Bayard Street**
(If rural give location)

3. Full name of child **Minnie E. Henry**

4. Date of birth **January 2, 1889**
(Month) (Day) (Year)

Sex **Female**

6. Twin or triplet

If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth

M.

FATHER OF CHILD

9. Full Name **Louis Henry**

10. Color or race **Negro** 11. Age at time of this birth yrs.

12. Birthplace **Kent County, Maryland**
(City, town, or county) (State or foreign country)

13. Usual occupation **Laborer**

14. Industry or business

15. Other children born to mother (not including present child):

(a) How many other children of this mother are now living? **0**

(b) How many other children were born alive but are now dead? **5**

(c) How many children were born dead? **0**

16. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by _____, related to this child as _____

17. Date rec'd by local registrar **January 19, 1889**

18. Signed **George H. Robe, M.D.**
Registrar

19. Given name added by Registrar per

MOTHER OF CHILD

15. Full Maiden Name **Hattie Ringgold**

16. Color or race **Negro** 17. Age at time of this birth yrs.

18. Birthplace **Kent County, Maryland**
(City, town, or county) (State or foreign country)

19. Usual occupation **Housewife**

20. Industry or business

21. Mother's mailing address for registration notice:

(Signed) _____ M. D.
Physician (or midwife) who attended this birth (Midwife)

or **Huntington Williams, M.D.**
Commissioner of Health and Registrar

Address _____ Date _____

Missing #A 8821 - #A 9604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

/

A. 7015

- Female

White

~~Feb. 11 89~~

622 W Lombard St. (Hosp)

Rachell Bischa

"

Baltimore

Not Known

"

"

S. E. Peace M. H.

319 M. Mammontz

Remarks, _____

Wm. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred, its sex, color, the full name and occupation of the practitioner, the full name of each child, if any shall have been born, the date of each birth, and the date of each death, and the full name and occupation of the mother, and the third day of each month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time herein provided, the practitioner shall report the birth to the Commissioner of Health. In the case of the birth of any child, if any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be fined not less than the sum of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 girl A. 9067

1. Sex, (state whether male or female) girl

2. Race or color, (if not of the white race) of February

3. Date of Birth, 17

4. Place of Birth, (Street and Number) No. 111 N. 1st St.

5. Full Name of Mother, Elizabeth

6. Mother's Maiden Name, Bairon

7. Mother's Birthplace, Prussia

8. Full Name of Father, Michael

9. Father's Occupation, carpenter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, James H. Hays

Address, 111 N. 1st St.

Remarks,

Health Officer of Baltimore City shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the name and occupation of its parents, and the name and occupation of the medical attendant, and the day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such attendance to immediately report the birth of such child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 9608

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

color

3. Date of Birth,

1 Feb

4. Place of Birth, (Street and Number)

2 Oliver St

5. Full Name of Mother,

Mary Chaney

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Chaney

9. Father's Occupation,

Doorkeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Angeline Wilson

Address,

1049 South Howard St

Remarks,

It is the duty of the Registrar to enter the name of the child, the date and place of birth, and the sex, color, race, and occupation of its parents, the date and place of birth, and the name of the practitioner of midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Feb 1889
4. Place of Birth, (Street and Number) 2417 Monument st
5. Full Name of Mother, Mary Hammil
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Germany
8. Full Name of Father, George Hammil
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return. Mary Roptick
- Address, 207 N Washington st
- Remarks, _____

This schedule shall contain a list of the births which have occurred under his or her control, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its birth, signed by the practitioner in the form of a certificate between the first and third day of each and every month, to be filed in the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 9510

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 18 88

4. Place of Birth, (Street and Number) 8002 Schaff St

5. Full Name of Mother, Mary Klina

6. Mother's Maiden Name, Krawachek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Klina

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koflik

Address, 207 E Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child A 9511*
1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *colored*
 3. Date of Birth, *February 1 / 1887*
 4. Place of Birth, (Street and Number) *245 Canal Alley*
 5. Full Name of Mother, *Jennie Smothers*
 6. Mother's Maiden Name, *Jennie Smith*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *Frank Smothers*
 9. Father's Occupation, *Latening*
 10. Father's Birthplace, *Calvert County and*
- Name of Medical Attendant, or other person who makes this Return, *Wester Colance*
- Address, *309 Preston Street*
- Remarks,

healed. This schedule shall contain a list of the births which have occurred within his or her care during the month, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following. The full name and occupation of its parents, the date and place of birth, and the sex of each child, shall be entered in the schedule. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the practitioner of health, in the manner and within the period above required, and child to represent or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child A. 4/6/12

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2^d of February

4. Place of Birth, (Street and Number)

815 South Greene St

5. Full Name of Mother,

Maggie Muller

6. Mother's Maiden Name,

Ransom

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry W. Muller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Balthasar W. W. W.

Address,

800 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form hereunto annexed, to the Registrar of Health, on the third day of each month, or on the day next thereafter, in case the birth of any child has occurred on the last day of the month. The practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d child A 9613*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Feb. 24 1859*

4. Place of Birth, (Street and Number) *1614 Catapsico St.*

5. Full Name of Mother, *Mary Foley*

6. Mother's Maiden Name, *Mary Lactinrich*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael Foley*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return. *M. C. Caskey*

Address, *213 E. Health St.*

Remarks, *Going Well.*

The Commissioner of Health shall cause to be printed and distributed to the several hospitals, and to the several districts, a form of the said schedule, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, date of birth, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the jurisdiction of the Commissioner of Health, or should no other person be in attendance upon the birth of the child, the practitioner shall report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Eight

A. 96744

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Second day of February, 1889

4. Place of Birth, (Street and Number)

No 1213 Clare St Balto

5. Full Name of Mother,

Mary E. Seibold

6. Mother's Maiden Name,

Mary E. Scott

7. Mother's Birthplace,

Newark Del

8. Full Name of Father,

Andrew Lybold

9. Father's Occupation,

Traveling Agent

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other person who makes this Return.

Esthery W. W. W. W.

Address,

800 Traders Hall St.

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, together with its sex, color, the full name of the practitioner in the form of a certificate, and the date of birth, and the day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such attendance to make a statement of the birth of such child, and to file the same with the Registrar, and to be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d child A-9615

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 2^d 1880

4. Place of Birth, (Street and Number)

No. 120 west Cross St.

5. Full Name of Mother,

Abbie Grace Green

6. Mother's Maiden Name,

Abbie Grace Hudson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis Kines Green

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mathew A. Mays

Address,

800 Leadenhall St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, at the time the child is delivered, and shall be retained by him until the birth of the next child, when it shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 9, 18

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb-22

4. Place of Birth, (Street and Number) 650 W. Lombard St

5. Full Name of Mother, Hattie V. Thompson

6. Mother's Maiden Name, Hattie Kelly

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham V. Thompson

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. J. B. Smith

Address, 400 Cathedral St

Remarks, 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12 A. 4267

Male

White

Subr. 22

115 N. Lombard St

Lizzy Brown

1007

—

A. V. Hendee M.D.

115 N. Lombard v6

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child A. 9/18

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 February

4. Place of Birth, (Street and Number)

1724 West Baltimore

5. Full Name of Mother.

Annie Mary Wittbauer.

6. Mother's Maiden Name,

" " Frye

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George M. Wittbauer

9. Father's Occupation,

Hair Spinner

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Mrs. D. D. Miller

Address,

217 Thacker St.

Remarks,

Baltimore, under whose charge or superintendence a birth shall hereafter take place, as shown in the City of Health, shall be required to file a return of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its residence, and the date and place of its death, if it shall occur within the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of the physician, or midwife, or other person, in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to comply with the provisions of this section shall be subject to a fine of not less than ten dollars for each offense, to be recovered in other than and for purposes are recoverable, projected to the time of ten dollars for each offense, to be recovered in other than and for purposes are recoverable,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 A. 7819
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 2/89

4. Place of Birth, (Street and Number)

N^o 617 Port Stly

5. Full Name of Mother,

Mary Gladeher

6. Mother's Maiden Name,

Bauernschmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Gladeher

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who

makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

registrar of each birth, and shall enter the date of the birth, and shall enter the name of the mother, and shall enter the name of the father, and shall enter the name of the child, and shall enter the sex of the child, and shall enter the race or color of the child, and shall enter the date of the birth, and shall enter the place of birth, and shall enter the full name of the mother, and shall enter the mother's maiden name, and shall enter the mother's birthplace, and shall enter the full name of the father, and shall enter the father's occupation, and shall enter the father's birthplace, and shall enter the name of the medical attendant, or other person who makes this return, and shall enter the address of the medical attendant, or other person who makes this return, and shall enter the remarks.

the date of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the vital statistics of the State, and shall be kept in the office of the Commissioner of Health. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of a month, the practitioner shall deliver the said schedule immediately thereafter. It shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Mary Elizabeth McHardy*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A.

7526

Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

2d February 1889

4. Place of Birth, (Street and Number)

102 East Cross St

5. Full Name of Mother,

Mary A E McHardy

6. Mother's Maiden Name,

Kilbride

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James P McHardy

9. Father's Occupation,

Cyster Dairy

10. Father's Birthplace,

Glenlivet Banffshire Scotland

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Jewell

Address,

516 Fort Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 9521

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, Jul 3rd 1887

4. Place of Birth, (Street and Number) 331 Centre St.

5. Full Name of Mother, Hel. Anttwater.

6. Mother's Maiden Name, " " Karszauer.

7. Mother's Birthplace,

City

8. Full Name of Father, George Anttwater

9. Father's Occupation, Pot Manufacturer.

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza B. B.

Address,

1144 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child* 922
1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *colored*
 3. Date of Birth, *3 of February*
 4. Place of Birth, (Street and Number) *516 Hoffman St.*
 5. Full Name of Mother, *Russie Carter*
 6. Mother's Maiden Name, *Annie Hardy*
 7. Mother's Birthplace, *Richmond Virginia*
 8. Full Name of Father, *George Carter*
 9. Father's Occupation, *Waiter*
 10. Father's Birthplace, *Boston Massachusetts*
- Name of Medical Attendant, or other person who makes this return *Yester Gotland*
- Address, *509 Preston St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

4. Race or Color, (if not of the white race).

3. *Date of Birth*, Feb. 3 1889.

4. Place of Birth, (Street and Number) *Delaware Road.*

5. Full Name of Mother. Mabel Wright

6. *Mother's Maiden Name,* " Kaku

7. *Mother's Birthplace.* 27 in unf

8. Full Name of Father, James C. Noble

9. Father's Occupation, *Teacher*

10. *Father's Birthplace,* Albany, N. Y.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, _____

[illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and penalties as now provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child* *A. 9, 24*
 1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *Feb. 3rd 1882.*
 4. Place of Birth. (Street and Number) *#2132 Vine St.*
 5. Full Name of Mother, *Maggie Harin*
 6. Mother's Maiden Name, *" " Woods.*
 7. Mother's Birthplace, *Philadelphia.*
 8. Full Name of Father, *James Harin*
 9. Father's Occupation, *Labourer.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
 Address, *#106 S. Monroe St.*
 Remarks,

[illegible][illegible]

2nd A 9626
Note

Note

Note

1st of February, '89
1054 Granby St

1034 Grand St

Louisa Griffin

Mare

Fugina

Thomas Griffin

Blacksmith

Virginia

Sarah Cooper

1022 Granby St.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) that have been born, the sex, color, the full name and occupation of its parents, the time of the first and third day of each and every month in which a birth shall occur, the date of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A 9627

1. Sex, (state whether male or female) White Male

2. Race or Color, (if not of the white race) ~~1004 Chase St~~ White

3. Date of Birth, 1004 E. Chase St Feb. 1st '89

4. Place of Birth, (Street and Number) 1004 E. Chase St.

5. Full Name of Mother, Elizabeth Mooney

6. Mother's Maiden Name, Hinn

7. Mother's Birthplace, City

8. Full Name of Father, Thos. P. Hinn

9. Father's Occupation, Baker

10. Father's Birthplace, Petersburg Va.

Name of Medical Attendant, or other Person who makes this Return, E. B. Fenty, M. D.

Address, 1201 W. Eden St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, its race or color, its date of birth, the date of its registration, and the date of its delivery. The schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to register the same, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 9129*
1. Sex, (State whether male or female) *female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *1st of February*
 4. Place of Birth, (Street and Number) *806 Locust St.*
 5. Full Name of Mother, *Betty Andreas*
 6. Mother's Maiden Name, *= Betty*
 7. Mother's Birthplace, *Germ*
 8. Full Name of Father, *John Andreas*
 9. Father's Occupation, *Labeln*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs E. Weiss*
- Address, *2524 Lancaster St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 9/30

Male

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 1 1889

4. Place of Birth, (Street and Number)

11 S. Dallas St.
Amalie Wilhelm

5. Full Name of Mother,

Weis

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John. F. Wilhelm

8. Full Name of Father,

Marxist

9. Father's Occupation,

Westminster Md

10. Father's Birthplace,

Mary Klein

Name of Medical Attendant, or other person who makes this Return.

1127 E. Pratt St.

Address,

Remarks,

[illegible]

WILLIAM C. DULANEY & CO. CITY PRINTERS AND STATIONERS

1 A 9631

female

Colored

Feb. 1, 1889.

Baltimore, Md., 629 S. Howard

Lilli Martin

Lillie Martin

Baltimore, Md.

William Birds

oyster Shucker

Baltimore, Md.

Caroline Moore

58 West St., Baltimore Md

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of not more than ten dollars, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th. A. 9632*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 1st. 89.*
4. Place of Birth, (Street and Number) *#832 Eagle St.*
5. Full Name of Mother. *Ann Kapp*
6. Mother's Maiden Name, *Ann McCannond.*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Samuel Kapp*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Baltimore. Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *H. C. Oliver. M. D.*
- Address, *1120 W. Fayette St. Cor. Carrollton Ave.*
- Remarks,

[illegible]

J. E. BULLARD & CO. - CITY PRINTERS AND STATIONERS

20. 9634

Break

White

Feb 7 1889

436 Grp N

Green Port

June, 1888

Dorchester Co Md

Joseph Portier

Quinn

Caroline Lee Fow

Mrs. Robt. L. W.

201 Name *av*

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be forwarded to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following the month in which the births occurred. The full name of the child, if any child have been born, shall be given, together with the date of birth, the sex, the race or color, the date of registration of the birth, and the date of the birth certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report it to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following the month in which the birth occurred. Any person who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offense, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A. 9/35*
1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *Feb. 1st 1889*
 4. Place of Birth, (Street and Number) *1615 Eastern Ave.*
 5. Full Name of Mother, *Sarah Sindler*
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, *Europe*
 8. Full Name of Father, *Abraham Sindler*
 9. Father's Occupation, *Merchant*
 10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. C. Bernstein*
- Address, *122 S. Exeter st.*
- Remarks, _____

This schedule shall contain a list of the births which have occurred under his or her care during the month and shall be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth of any child shall be in attendance upon the mother, immediately thereafter, it shall be reported to the Commissioner of Health. In case the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 9636*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 1 / 89*
4. Place of Birth, (Street and Number) *2410 N Calvert St*
5. Full Name of Mother, *Aggie Tablman*
6. Mother's Maiden Name, *Aggie Border*
7. Mother's Birthplace, *Johnstown Pa*
8. Full Name of Father, *Edw. Tablman*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *York Pa*
- Name of Medical Attendant, or other Person who makes this Return. *L. J. Shimm M.D.*
- Address, _____
- Remarks, _____

This schedule shall contain a list of the births which have occurred within the month, and shall set forth as far as the full name and occupation of the mother, and the sex, color, race, and place of birth, and the date of birth, and the name of the physician or midwife, and the name of the person who shall occur without the attendance of a physician or midwife, and the name of the child to report its birth to the Commissioner of Health, in the manner and within the time prescribed for each birth, and shall be returned to the Commissioner of Health, and shall be subject to the fine of ten dollars for each offence, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child 9637

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Feb. 1 1889

4. Place of Birth, (Street and Number)

1714 W. 1st St.

5. Full Name of Mother,

Mrs. Tones

6. Mother's Maiden Name,

Maud Warden

7. Mother's Birthplace,

London, England

8. Full Name of Father,

Griffin Tones

9. Father's Occupation,

Driver

10. Father's Birthplace,

London, England

Name of Medical Attendant, or other person who makes this Return.

Dr. J. H. H. H.

Address,

1714 W. 1st St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, and shall be signed by the practitioner in the form of a certificate between the first and last of each month, and shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the person in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered so other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh 9638
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan Feb 1 - 89

4. Place of Birth, (Street and Number)

1242 Barkley St. Waverley

5. Full Name of Mother,

Sophia Delcher

6. Mother's Maiden Name,

" Berntheusel

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Howard Delcher

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Odwell

Address,

912 N. Donogh St

Remarks,

10. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) in sex, color, the full name and occupation of the parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *A. 9639*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *with*
3. Date of Birth, *1 Februar*
4. Place of Birth, (Street and Number) *Ladenhall St. 1009*
5. Full Name of Mother, *Joseph Handschuh*
6. Mother's Maiden Name, *Sophie Fischer*
7. Mother's Birthplace, *germann*
8. Full Name of Father, *Michael Handschuh*
9. Father's Occupation, *Bäcker*
10. Father's Birthplace, *germann*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Bangl.*
Address, *21 Brass St.*
Remarks,

[illegible]

THE J. C. DELANEY & CO. CITY PRINTER AND STATIONERS

4 A 9540

- id, &c.) ... 4 12 A 9540
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Return. *Misses Katharina Bakler,*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9541
1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 1st February 1884
4. Place of Birth, (Street and Number) Bare Hill No 1929
5. Full Name of Mother, Emma Platt
6. Mother's Maiden Name, Freeling
7. Mother's Birthplace, Germany
8. Full Name of Father, George Platt
9. Father's Occupation, Wagon Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. H. H. H.
- Address, 1929 Bare Hill
- Remarks, 434

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. A. 95142

1. Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White.

3. Date of Birth, Feb. 1 1888.

4. Place of Birth (Street and Number), 185 - Hughes St.

5. Full Name of Mother, Johanna Farrell.

6. Mother's Maiden Name, Byrnes.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, James Farrell.

9. Father's Occupation, Gas fitter.

10. Father's Birthplace, Scotland.

Name of Medical Attendant, or other person who makes this Return, Mrs. Scarborough.

Address, 15 E. Montgomery St.

Remarks, one made for 1888 & 1889 (4/1/88) L.L.

and shall set forth as far as may be ascertained the full name of each child, if any shall have been con-
ferred, its sex, color, the full name and position of the person or persons in the family who shall be delivered, duly signed by the practitioner in the form of a certificate, and the full name of the
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to
the Registrar of Vital Statistics, within the time and within the period above required, and any such person or persons
who shall fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

9643

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb. 1 1889

4. Place of Birth, (Street and Number)

2231 Eu Pratt St.

5. Full Name of Mother,

Ann Virginia Sauner

6. Mother's Maiden Name,

Graham

7. Mother's Birthplace,

City

8. Full Name of Father,

Alexander Abel Sauner

9. Father's Occupation,

Ship Joiner

10. Father's Birthplace,

St. Mary's Co.

Name of Medical Attendant, or other person who makes this Return.

E. P. Davis M.D.

Address,

1835 E. Balto. St.

Remarks,

This form shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full time of each child, if any shall have been born, the name of the child, the name of the mother, the name of the father, the date and place of birth, and the date and place of death, if any shall have died, and the name of the physician or practitioner of midwifery, or other person who shall have attended upon the mother, immediately thereafter it shall become the duty of the person or persons be in attendance upon the mother, to sign and forward to the Registrar of Vital Statistics, a copy of this form, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female)

Race or color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

2. Full Name of Father,

9) *Father's Occupation,*

10 *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return. *Crescencia Kunkel*

Address.

Remarks,

[illegible]

ALL - C. ELLIOTT & CO. CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be prepared by the Registrar of Births, and shall be filed in the office of the Registrar of Births, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, in the manner within the period above required, and in the manner and form prescribed, to report the birth of such child to the Registrar of Births, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

The 10th of February 1889
No 927 E. Biddle
Annis Brown
Annis Hagman
Baltimore
Alvin L. Brown
Salesman
Virginia
Orochodancy
No 1059 Harford Ave
Bal Md
1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *A. 7645*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 1st 1889*

4. Place of Birth, (Street and Number) *26 N Spring St.*

5. Full Name of Mother, *Mollie Hagler*

6. Mother's Maiden Name, *Mollie McCoull*

7. Mother's Birthplace, *Balls Blad*

8. Full Name of Father, *Wm Hagler*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *J. P. Thompson M.D.*

Address, *1872 E Balls Bl*

Remarks,

certificates, between the first and third day of each and every month, by the Registrar, in the form of a birth of any child shall be in and the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified to attend to the delivery of a child, and the duty of the parent or parents, or such child to record its birth in the book of births, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

[illegible]

9647

2.

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John Silatie
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in grushen

.....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

A-9548

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 2, 1889

1889

4. Place of Birth, (Street and Number)

Mount Vernon Brick Hill 79

5. Full Name of Mother,

Cora Hedegs

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt- County Md

8. Full Name of Father,

Not Married

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary A. Harris

Address,

57 Brick Hill Mt Vernon

Remarks,

Balt- City Md

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the date of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner duly licensed by the State, the mother shall report its birth to the Commissioner of Health in the manner and within the time specified, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been compared, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be filed in the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb. 2. 1888.

4. Place of Birth (Street and Number), 128 Hughes St.

5. Full Name of Mother, Annie Porter.

6. Mother's Maiden Name, Baker.

7. Mother's Birthplace, Caroline Co.

8. Full Name of Father, Wm. Porter.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Talbot Co.

Name of Medical Attendant, or other person who makes this Return, Mrs. Scarborough.

Address, 15 E. Montgomery St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, for each birth, the full name and occupation of the parent, the date and place of birth, and the schedule to which the child is assigned. A certificate between the first and third day of the month in which the birth occurred shall be submitted to the office of the Commissioner of Health, and the birth record shall be made up and forwarded to the office of the Commissioner of Health, not later than the first day of the month following the birth. Immediately thereafter it shall become the duty of the parent or parents of such child to pay to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons to whom the child is assigned, the fee thereon, subject to a tax of ten (10) dollars for each person to whom the child is assigned, as hereinafter provided.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, for each birth, the full name and occupation of the parent, the date and place of the birth, and the schedule to which the child is assigned. A certificate between the first and third day of the month in which the birth occurred shall be submitted to the office of the Commissioner of Health, and the birth card shall occur within one month of the birth. The parent or person in whose home the birth occurred, immediately thereafter it shall become the duty of the parent or person in whose home the birth occurred, to appear before the Commissioner of Health, in the manner and within the period above required, and pay such a sum or persons to be paid for the birth, as shall be determined by the Commissioner, subject to the payment of ten (10) dollars for each person appearing before him and witnesses are acceptable.

1st. Female 4500

1st. Female 4500

1st. Female 4500

Feb. 2nd 1889

110 Metres. Space

Bertha Fleischer

" Goldsmith -

Cumberland, Inc.

Marcus. Kleinst

Trust Agent.

Ballo.

Edward R. Rinehart

God Bless you all

God Bless you all

[illegible][illegible]

Health. This section shall contain a list of the children who are under the care of the State, and shall set forth as far as the same can be ascertained the full name of each child, its age, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each anniversary of its birth, the date of its admission to the institution, the date of its discharge, the third day of each and every month to the office of the Commissioner of Health, to enable the birth of any child to be ascertained without the attendance of a physician or practitioner of midwifery, or should up other person be in attendance at the birth, immediately thereafter, it shall become the duty of the physician or persons attending the child to report the birth of the child to the office of the Commissioner of Health, and the Commissioner of Health shall cause the birth of the child to be recorded in the birth register, and the fee for recording the birth of the child shall be paid by the person attending the birth of the child. Any person or persons who shall heretofore fail to comply with the provisions of this section shall be adjudged to be guilty of a misdemeanor, and shall forfeit to the State the sum of ten dollars each offense, to be recovered on other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his certificate during the year, and shall be delivered to the Registrar of Vital Statistics, Baltimore City, on the first day of January following. It shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the last day of the month, the practitioner shall be held responsible for reporting the birth to the attendance upon the mother immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Vol A 9662

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

February 2d

4. Place of Birth, (Street and Number)

Concese St 11.22.

5. Full Name of Mother,

Julia Feney

6. Mother's Maiden Name,

Julia Cannon

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Madake Feney

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs Ettel

Address,

1614 Cuba St

Remarks,

Baltimore

[illegible][illegible][illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

A 96524

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 2. 1889

4. Place of Birth, (Street and Number) Eutaw St 840

5. Full Name of Mother, Quintiny Credit

6. Mother's Maiden Name, Quintony Chaplin

7. Mother's Birthplace, Mackenburg Va

8. Full Name of Father, John Albat Credit

9. Father's Occupation, Dayman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catherine Wiley

Address, 112 E Russell St

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and the practitioner shall also cause the birth of every child shall occur without the attendance of a physician or practitioner of midwifery, or should no other child be born to attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 7053B

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 2nd

4. Place of Birth, (Street and Number)

15 West St

5. Full Name of Mother,

Marrett Spriggs

6. Mother's Maiden Name,

West

7. Mother's Birthplace,

Prince Georges Co. Md

8. Full Name of Father,

Colman Spriggs

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Prince Georges Co. Md

Name of Medical Attendant, or other Person who makes this Return

Lucy Cornish

Address,

7060 Jordan Alley

Remarks,

and shall enter the same on a birth schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, and shall be duly signed by the practitioner, in the form of a certificate bearing the first and last names of the attending physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible]

[illegible][illegible]

First Child 1857

Little Girl

White - race

2nd of Feb 1889

No 2121 Prince St

Mrs. Maggie Schaefer

Mrs. Maggie Winter

Born Heeren Germania

Mr. Michael Schaefer

Labrador

Born Herren Germany

Mrs. Heiler

2127 west Pratt st

Remarks, _____

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when the child was delivered, duly signed by the physician or midwife, and the name of the person or persons who attended the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons be in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Helena A. 9/5/58*
Female
1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth, *Feb 2nd 19*
4. Place of Birth, (Street and Number) *412 East St.*
5. Full Name of Mother, *Rosa Hirsch*
6. Mother's Maiden Name, *" Nirschman*
7. Mother's Birthplace, *Austria*
8. Full Name of Father, *Samuel Hirsch*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Austria*
Name of Medical Attendant, or other person who makes this Return. *E. Scherman*
Address, *N 103 Ebbesmarkle st.*
Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be forthwith filed in the office of the Registrar of Vital Statistics, Baltimore City, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

A. 9659

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 2. 89

4. Place of Birth, (Street and Number) 413 S. Lynn St.

5. Full Name of Mother, Elizabeth Lesch

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Lesch

9. Father's Occupation, Basket maker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1608 Walker St. Balto. Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 9560

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

2^d February. 1889

4. Place of Birth, (Street and Number)

N^o 1125 W. Lombard, St

5. Full Name of Mother,

Mary Ann Sinclair.

6. Mother's Maiden Name.

Mary Ann Agle.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John W. Sinclair

9. Father's Occupation,

Confett Turner

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 N. Bayrethian St

Remarks,

register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its race or color, its date of birth, its place of birth, the name of its mother, and the name of its father. The schedule shall be delivered daily, signed by the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such attendance to make a return of such birth, and to file the same with the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible]

13th A. 9.61

Male

4 1/2 ft 2nd 1889

Feb 2nd 1889.

202 Hill St. Baltimore Md.

John Lucinda Snyder

Ellen Lucinda Smith

Appomattox County, Virginia

Edward Smith

района

Beckham County, Virginia

Nancy Baker

~~Medical Attendant~~, makes this Return. *Mary M. A.*
~~128~~ 9128 128 N York Ave

Sarah E. Nixon for 125 York St.

Missing [#]A9662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3 Date of Birth,

Feb 3rd 89

4. *Place of Birth, (Street and Number)*

817 Hanover St

5. *Full Name of Mother,*

Annie Rosen Kovitz

6. *Mother's Maiden Name,*

" Markovitz

7 *Mother's Birthplace,*

Russia

8 *Full Name of Father,*

Lewis RosentKovitz

9 *Father's Occupation,*

Tailor

10 *Father's Birthplace,*

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Schermann

Address,

N 103 Albemarle st

Remarks,

[illegible]

This schedule shall contain a list of the births which have occurred under his or her care during the year. It shall contain the name of the child, the name of the mother, the date and place of birth, and the sex of the child. It shall also contain the name of the physician or the name of the hospital where the child was born. The schedule shall be delivered to the office of the Commissioner of Health in the month of January following the birth of each child. The schedule shall be kept on file in the office of the Commissioner of Health. The schedule shall be made available to the public upon request. The schedule shall be made available to the public upon request. The schedule shall be made available to the public upon request.

[illegible][illegible][illegible]

- [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

A. 4650

1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *February 3rd 1889*
 4. Place of Birth, (Street and Number) *N^o 1807 Westphal place*
 5. Full Name of Mother, *Lucie Meteloff*
 6. Mother's Maiden Name, *Lucie Conaway*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Meteloff*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Katherine Fleming*
- Address, *N^o 1577 Byrd st.*
- Remarks, _____

NOTE: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filed with the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following the month in which the birth occurred. The full name and occupation of the mother, the sex, color, the full name and occupation of the father, the date of birth, the place of birth, the name of the medical attendant, and the name of the person who makes this return, shall be entered in the schedule. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the birth shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother or parent, or by any such person or persons who shall hereafter fail to comply with the provisions of this section. Such failure shall be subject to the fine of ten (10) dollars for each offence, to be recovered up other fines and forfeitures are recoverable.

Any person who shall neglect or refuse to furnish the information required by this act, or who shall furnish false information, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A. 9566

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3rd February
4. Place of Birth, (Street and Number) No 28 Garrison Lane
5. Full Name of Mother, Annie Gabe
6. Mother's Maiden Name, Annie Michael
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, August Gabe
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12* *A. 4067*
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *colored.*
3. Date of Birth, *Feb. 3, 1889*
4. Place of Birth, (Street and Number) *Baltimore, Md., 206 W. Green*
5. Full Name of Mother, *Francis ~~Harrison~~ Wilson*
6. Mother's Maiden Name, *Francis Harrison*
7. Mother's Birthplace, *Norfolk County, Va.*
8. Full Name of Father, *Alexander Wilson*
9. Father's Occupation, *sailor*
10. Father's Birthplace, *Norfolk County, Va.*
- Name of Medical Attendant, or other person who makes this Return, *Caroline Cross*
- Address, *58 W. Green*
- Remarks,

This certificate shall contain a list of the births which have occurred under his of her care during the month, and shall set forth as far as the same can be ascertained, the full name and sex of each child, the date and place of birth, and the name of the medical attendant, or other person who makes this return. It shall be filed in the office of the Registrar of Vital Statistics, on the third day of each and every month by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the birth shall be reported to the Commissioner of Health, in the manner and within the period above required, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of the birth, the sex, color, the full name and occupation of its parents, the date and place of the birth of the child, and whether the child has been committed to the care of the Commissioner of Health, or whether it has been committed to the care of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth and every month so the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of the child, the birth shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of the month following the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second. Aug 558

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 3rd 1887

4. Place of Birth (Street and Number),

1247 Baltimore St.

5. Full Name of Mother,

Sarah A. Hines

6. Mother's Maiden Name,

Sarah V. McGee

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George J. Hines

9. Father's Occupation,

Hardener

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. M. S. Caldwell

Address,

606 Kinner St

Remarks,

Register of each birth, and shall enter the name in a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second months after the birth of the child, to the Commissioner of Health, and shall be filed in the office of the Commissioner of Health, and shall be subject to the inspection of any person without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this article shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - *Ada Virginia*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 *A. 9554*

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race).

White

3. Date of Birth,

July 3, 1889

4. Place of Birth, (Street and Number)

726 W. Third Street

5. Full Name of Mother,

Jamnia H. Haisball

6. Mother's Maiden Name,

" Brown

7. Mother's Birthplace,

W. A. Haisball

8. Full Name of Father,

John A. Haisball

9. Father's Occupation,

Physician

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return

Thaddeus Rogers M.D.

Address,

726 W. Third St. Baltimore

Remarks,

GIVEN NAME ADDED 2-10-54

L.M.

Omni

Name: Jerome C. Bernstein

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Remarks,

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 9571
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth February 3rd 1884.
4. Place of Birth, (Street and Number) 607^{5th} Durham St
5. Full Name of Mother Elizabeth Mullers
6. Mother's Maiden Name Elizabeth Nichols.
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Friedrich Mullers
9. Father's Occupation Carp. or
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. Mary Leichter
Address 521. South Ann St Baltimore Md
Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 4672

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) col

3. Date of Birth, Feb 3rd 1889

4. Place of Birth, (Street and Number) 206 S. Spring St

5. Full Name of Mother, Mellie Gordon

6. Mother's Maiden Name, Mellie Mallory

7. Mother's Birthplace, Va

8. Full Name of Father, Joseph Gordon

9. Father's Occupation, Labor

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Margreth Davis

Address, 217 S. Spring St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall be signed by the practitioner in the form of a certificate between the first and second of the month following the month in which the birth occurred, and shall be filed in the office of the Registrar of Vital Statistics. It shall be subject to the examination of the Registrar of Vital Statistics, and if found correct, it shall be recorded in the books of the Registrar of Vital Statistics. It shall be subject to the examination of the Registrar of Vital Statistics, and if found correct, it shall be recorded in the books of the Registrar of Vital Statistics. It shall be subject to the examination of the Registrar of Vital Statistics, and if found correct, it shall be recorded in the books of the Registrar of Vital Statistics.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 3 189*

4. Place of Birth, (Street and Number) *2002 E. Oliver Street.*

5. Full Name of Mother, *Fannie Mettee.*

6. Mother's Maiden Name, *Fannie Bancroft*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Joseph Mettee.*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, *J. F. Marden, M.D.*
or other Person who makes this Return.

Address, *2145 E. Hoffman St*

Remarks, *Miss Bancroft (Maid)*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Edgar H. Hurlock*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st February 1889*

4. Place of Birth, (Street and Number) *1411 Eusey Street*

5. Full Name of Mother, *Bertha M. Hurlock*

6. Mother's Maiden Name, *Bertha M. Hammer*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Edgar H. Hurlock*

9. Father's Occupation, *Restroom Agent*

10. Father's Birthplace, *Eastern Shore Md.*

Name of Medical Attendant, or other Person who makes this Return *A. C. H. H. H.*

Address, *1301 N. Central Ave.*

Remarks,

exact register of such birth, and shall enter the name on a blank certificate to be furnished by the parent or her care-
taker of the child, and shall not forth, as far as the same can be ascertained, the full name of such child, if
any name shall have been conferred, in sex, color, the full name and occupation of its parents, the day and
place of its birth, and the said certificate shall be delivered, duly signed by the parent or her care-taker, to the
certificates, between the first and third day of each and every month, or of each quarter, or of each year, or of
birth of any child, and shall be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period above required, except in the case of the birth and death of illegitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* A 9675
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *Third day of February*
4. Place of Birth, (Street and Number) *Winter street No 115*
5. Full Name of Mother, *realey tabs*
6. Mother's Maiden Name, *realey wheathy*
7. Mother's Birthplace, *saint Marys County*
8. Full Name of Father, *Jefferson wheathy*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *saint Marys County*
- Name of Medical Attendant, or other person who makes this Return, *Carroll Jane Wilson No 115 Street*
- Address, *Carroll Jane Wilson No 115 Street*

This birth and death certificate shall contain the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the year, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and every month to the office of the Commissioner of Health. In case the birth of any child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the physician or practitioner of midwifery, or other person, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A 9675*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3d of Feb. 1889*

4. Place of Birth, (Street and Number) *225 N. Patterson Park Ave.*

5. Full Name of Mother, *Sarah V. Watson*

6. Mother's Maiden Name, *Gorsuch*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Thomas C. Watson*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. L. M. Tice*

Address, *226 D. Bldg*

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child has been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Commissioner of Health, in the form of a certificate, on or before the first day of the month following the month in which the birth of the child occurred, without the necessity of its being in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period there required, and no other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth, and the sex of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be present to report the birth to the Commissioner of Health, it shall become the duty of the parent or person having charge of the child to report the birth to the Commissioner of Health, and within the period above required, and any such person or persons failing to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Richard ——— *Hortley*
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st* *A. 9677*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 3rd 1889*
4. Place of Birth, (Street and Number) *N. W. cor. Bank & Collingwood Sts.*
5. Full Name of Mother, *Barbara C. Hortley*
6. Mother's Maiden Name, *" Glady*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles S. Hortley*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. M. M. M.*

Address, *226 So. Broadway*

Remarks, *3-4-54*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A.

9677 1/2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 3^d 1889

4. Place of Birth, (Street and Number)

1912 Orleans St

5. Full Name of Mother,

Mollie Gephardt

6. Mother's Maiden Name,

Mollie Schaffer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Gephardt

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

C. J. Hoffman M.D.

Address,

1812 E. Baltimore St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race)..... *White*

3. Date of Birth, Feb 3, 1879

4. Place of Birth, (Street and Number) No. 1538 Hancock St.

5. Full Name of Mother, Mary Burns

6. Mother's Maiden Name, *Mary^d Talott*

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, James M. Burns

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Elizabeth Hinch

Address, ap 17 Barney street

Remarks, _____

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11-8 Living A. 9/80

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 3rd 1889

4. Place of Birth, (Street and Number) Balt City fourth st 131

5. Full Name of Mother, Sophia Ellis

6. Mother's Maiden Name, Buttler

7. Mother's Birthplace, Balt City Md

8. Full Name of Father, William Ellis

9. Father's Occupation, does not work, he was hurt in the war

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this return, Mrs Mary A. Martin

Address, 118 57 Brick Hill Mount Vernon

Remarks, Balt City Md

Register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, which shall be entered thereon as soon as the birth has been ascertained, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, the practitioner shall be liable for the fee of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

A. 9681. Exp
See 9664.

1. Sex, (State whether male or female) *female*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) White

3. Date of Birth, 3 of February

4. Place of Birth, (Street and Number) 2511 Alice Anna Str

5. Full Name of Mother, Regina Davis

6. Mother's Maiden Name, Trautner

7. Mother's Birthplace, *New York Bavaria*

8. Full Name of Father, Jacob Sires

9. Father's Occupation, *Labeln*

10. Father's Birthplace, Oberfellendorf Bavaria

Name of Medical Attendant, or other person who makes this Return. *Miss E. Huss*

Address. 2524 Lancaster St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7 A

A. 4686

- male
white

1859

Feb 3

Ms. 135 Randell it

Lilly Jacobs
Lilly Burns

Baltimore city and

James Jacob
Labadie

Baltimore city and

Elizabeth Hinton

c. 18 17 Barney Street

Barney street

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the name can be ascertained the full name of such child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the parent or person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, in the manner and within the period above required, and he in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in full, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 7 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 30 of February 1887

4. Place of Birth, (Street and Number)

No 1522 E. Chase

5. Full Name of Mother,

Lora Bieroth

6. Mother's Maiden Name,

Lora Fischer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Bieroth

9. Father's Occupation,

Brass finisher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Sauer

Address,

No 1057 Harford Ave

Remarks,

Bal Md

1887

notify at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 9855

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 14 1889
4. Place of Birth, (Street and Number) 269 Flatiron Alley
5. Full Name of Mother, Lillian Elith Heath Johnson
6. Mother's Maiden Name, Lillian Elith Heath Lamsan
7. Mother's Birthplace, Balt County
8. Full Name of Father, Wm Johnson
9. Father's Occupation, Cyster Shmcker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Coriline Jordan
- Address, 153 East St
- Remarks,

under whose charge or supervision the birth occurred, and certified that every person practicing midwifery in the City of Baltimore and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, at the time of the birth of the child, or within the time specified by the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or midwife, the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *E 9686*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *-Irma E. Wehn*

3. Date of Birth, *Feb 11th 1889*

4. Place of Birth, (Street and Number) *1011 Milton Place*

5. Full Name of Mother, *Anna E. Wehn*

6. Mother's Maiden Name, *Anna E. Neubauer*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *John P. Wehn*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *J. Miller M.D.*

Address, *639 Franklin St.*

Remarks, *Given name added by mother - May 28 - 1926.*
Anna E. Wehn - Mother *J. E. Wehn Reg.*

Record of Vital Statistics in the City of Baltimore.

[illegible]

First (1821 A. 9687)

Male

White

Febmary 4th 1889

May 4, 1867
No. 43 North Eden Co. Fayette 82
1st Ward

and Number) No. 43 North
Miss Mary Elizabeth Wood
03 Marks

Miss Mary E. Marks
Miss Mary E. Marks
Miss Mary E. Marks

St. Mary's County - Ind.
Baptist W.

St. Mary's County
Mr. George Balgair Wood

Clerk
Baltimore, Md.

Baltimore, Md.
Wm. H. C. C. C.

Wm. H. Glendine M.D.

Coor. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 9658

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 4th 1889

4. Place of Birth, (Street and Number)

1705 E. Baltimore

5. Full Name of Mother,

Mary M. Weighardt

6. Mother's Maiden Name,

Godenius

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gen. Frederick Weighardt

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. L. M. Wilson

Address,

226 So. Broadway

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the proper authorities, to the Commissioner of Health, and the said schedule shall be retained by the Commissioner of Health. In each birth record, the name of the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Othilie Stumpf
10th Child 12-9-84
Little Girl
White race
Born 4th of Feb 1889
No. Hollins st
Mrs. Stumpf Stumpf
Sophia Orth (thin Sophie Orth)
Born Hessen Germany
Mrs. Frederick Stumpf
Butcher
Born Hessen Germany
Mrs. Hiller
2127 West Pratt st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex. (State whether male or female)
 2. Race or color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address,
 Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, and the name of the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the case of a male child, the father, or in the case of a female child, any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child A. 9590
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 4 1889.

4. Place of Birth, (Street and Number)

1124 Charles st.

5. Full Name of Mother,

Caroline Schmeler.

6. Mother's Maiden Name,

Bahlman.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Schmeler.

9. Father's Occupation,

Tailor cutting.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall act forth as far as the name can be ascertained the full name of each child, of birth, and the sex, color, the full name and occupation of the mother, and the name of the physician in the form of a certificate between the first and second children, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the month of January, with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First. A. 9591

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb'y. 4th, 1889.

4. Place of Birth (Street and Number)

95-5 Druid Hill Avenue

5. Full Name of Mother

Mary C. Milliron

6. Mother's Maiden Name

Simmons

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

George G. Milliron

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

414 N. Greene

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

registrar of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, his sex, color, the day, month and year of his birth, the name and occupation of the mother, and the name of the father, and shall be in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if it shall be found that the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
A. 9692

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 11/1889

4. Place of Birth, (Street and Number)

133 N. W. Baltimore

5. Full Name of Mother,

Bartha Baumgardner

6. Mother's Maiden Name,

" Knapfman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Samuel Baumgardner

9. Father's Occupation,

General Business

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Dr. J. H. Knapfman

Address,

133 N. W. Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

A. 9643

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth. February 4th 1889
4. Place of Birth, (Street and Number) N^o 444 McChesnut st
5. Full Name of Mother, Lucelia Mannion
6. Mother's Maiden Name, Lucelia Gold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mannion
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lathim Johnson

Address, N^o 1517 Byrd st

Remarks, _____

This schedule shall contain a list of the births which, under the laws of Baltimore, are required to be reported to the Registrar of Vital Statistics, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex, color, the name and occupation of its parents, the name and occupation of the physician or practitioner of Health, and the name of the medical attendant upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Health. In the manner and within the period above required, and in the form hereinafter provided, and hereafter (all to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank record, and shall file the same in the office of the Registrar of Vital Statistics, Baltimore City, and shall enter the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, in the case of a birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Colored. 7.* *7594*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *4 of Feb 1889*

4. Place of Birth, (Street and Number) *929 Harrison Lane*

5. Full Name of Mother, *Emily Burns*

6. Mother's Maiden Name, *Emily Durham*

7. Mother's Birthplace, *Born in Howard County*

8. Full Name of Father, *Benjamin Burns*

9. Father's Occupation, *he is Dead*

10. Father's Birthplace, *Carol Count*

Name of Medical Attendant, or other Person who makes this return *had none*

Address, *1112 W. 1st St. Baltimore*

Remarks, *At 935 Harrison Lane 1889*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male. No. of Child of Mother 3rd

White

February the 5th

1234 Scott St

Kate Wheeler

Kate Flynn

Baltimore Md

John S. Wheeler

Barltender

Fredricksburg Va

Virginia Wheeler

1234 Scott St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Sixth 5-9075*

1. Sex, (state whether male or female) *Female.*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *February 5-1899.*

4. Place of Birth, (Street and Number) *No. 1239 Harford ave*

5. Full Name of Mother, *Kate Hand.*

6. Mother's Maiden Name, *Kate Lennon.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Edward P. Hand.*

9. Father's Occupation, *Expressman.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other person who makes this Return, *Aug. A. Blewett M.D.*

Address, *1241 Harford ave*

Remarks, _____

Registrar of each birth and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and shall be delivered and filed by the Registrar of Health in the office of the Registrar of Health on the third day of each and every month, to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the mother or father of any child shall fail to attend upon the mother, immediately after the birth of the child, the Registrar of Health shall require, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th) Child*
1. Sex, (state whether male or female) *male* **A. 46-77**
2. Race or color, (if not of the white race)
3. Date of Birth, *Feb. 5th*
4. Place of Birth, (Street and Number) *1810 Asquith St*
5. Full Name of Mother, *Mary Catherine Lewis*
6. Mother's Maiden Name, *Mary Catherine Harber*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Henry Lewis*
9. Father's Occupation, *Telegraph Lineman*
10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Marshall D. Lee*
- Address, *#1413 Asquith St.*
- Remarks, *Mother and Child is doing well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child* *9698*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 5th 1889*
4. Place of Birth, (Street and Number) *N. Bond St No 942*
5. Full Name of Mother, *Katie Schwartz*
6. Mother's Maiden Name, *Katie Schuppel*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Henry Schwartz*
9. Father's Occupation, *Harness maker*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St No 114*

Remarks,

Every doctor, surgeon, or other person attending a birth shall, hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up at the end of each month, and shall be forwarded to the Commissioner of Health, on or before the first day of each month, to be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or father of the child shall report the birth to the Commissioner of Health, in the manner and form provided by the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births occurring during the month, and shall set forth as far as the name can be ascertained, the full name and sex of the child, the date and place of birth, and the name of the person who attended the birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the midwife to report its birth to the Commissioner of Health, in the manner and within the period above prescribed. If any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child *A* 9644
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 5 1889.
18 Gidden St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Katie Winford.
Hubbard

6. Mother's Maiden Name.

7. Mother's Birthplace,

America.
Albert Winford.
Laborer

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.
1032 Hanover St.

Address,

Remarks,

register of such birth, and shall enter the same on a blank or other suitable paper, which shall be kept a true and correct record of the birth, and shall be subject to the inspection of the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date when the child was delivered, duly signed by the practitioner in the form of a certificate between the first and second attendances upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 9700

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 5/89

4. Place of Birth, (Street and Number)

1207 W Fay St

5. Full Name of Mother,

Sally E. Thumby

6. Mother's Maiden Name,

Jordan

7. Mother's Birthplace,

Va

8. Full Name of Father,

Robert A Thumby

9. Father's Occupation,

Magistrate

10. Father's Birthplace,

Washington DC

Name of Medical Attendant, or other person who makes this Return.

Thomas Opie M.D.

Address,

600 N Howard St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the law requires the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and second schedule shall be delivered, duty assigned by the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or in case the child shall be born at a distance from the residence of the attendant upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

4701

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White.

3. Date of Birth,

February 5. 1889

4. Place of Birth, (Street and Number)

50 S. Carrollton Ave.

5. Full Name of Mother,

Margareth Barbara Kiser.

6. Mother's Maiden Name,

Nicklas.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Ambrose Kiser.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore County.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hyatt

Address,

23 N. Poppleton St

Remarks,

[illegible][illegible]

A 4702

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3rd, A. 9713
Female,
White,
February 5th 1889
920 N. Broadway
Jane Liegler
Jane Baker
Philadelphia Pa.
Charles B. Liegler
Physician
Balto City,
Chas. B. Liegler M.D.,
920 N. Broadway.

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been received, the sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its death, and shall be filed in the office of the Registrar of Vital Statistics, and shall be open to the inspection of any person who may desire to see it. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the same to the Commissioner of Health, in the manner and form provided by law, and if any such person or persons fail to do so, he or they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

9704

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth.
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Name of Father.
9. Father's Occupation,
10. Father's Birthplace,

Male

Colored

5th of February 1889

~~101~~ Booth 1824 St.

Alberta Calhoun

Alberta Calhoun

Baltimore

Edward Bowen

Musicians

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May Jane Richardson
315 King Street.

Address,

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of boy, shall be the first name, and of girl, the first and second names, the date of birth, the sex, the race or color, the place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance, the name of the mother, and the name of the father, and the name of the place of birth, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to report the birth to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *five*

A. 9705

1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *February 5th*
4. Place of Birth, (Street and Number) *Baltimore, Edwards St. No 1225*
5. Full Name of Mother, *Charly King*
6. Mother's Maiden Name, *Charly Anderson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John A. King*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Eastern shore Somerset Co Md*

Name of Medical Attendant, or other person who makes this Return. *Harriet Jackson in attendance*

Address, *116 Douglass St*

Remarks,

I, the undersigned, being a duly qualified physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female).

Male.

2. Race or Color, (if not of the white race)

Celand

3. Date of Birth,

5th of February 1889

4. Place of Birth, (Street and Number)

773 Dover St.

5. Full Name of Mother,

Ellen Watts.

6. Mother's Maiden Name,

Ellen Howard.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Watts

9. Father's Occupation,

Brickyard

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary J. Richardson.

Address,

215 King Street.

Remarks.

register of such birth, and shall enter the name on a blank schedule, to be printed by the Registrar, and keep a true and correct Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, and the sex and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to immediately report the same to the Registrar, and within the period above required, and shall pay to the Registrar the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. *A. 9707*

1. Sex, (state whether male or female) *Male.*

2. Race or color, (if not of the white race) *White race.*

3. Date of Birth, *Feb. 5/88.*

4. Place of Birth, (Street and Number) *No. 1481, Patapsco St*

5. Full Name of Mother, *Sarah W. Schneider*

6. Mother's Maiden Name, *" " Bachman*

7. Mother's Birthplace, *Balte. Md.*

8. Full Name of Father, *Jahn W. Schneides*

9. Father's Occupation, *School*

10. Father's Birthplace, *Prussia, Europ.*

Name of Medical Attendant, or other person who makes this Return. *Bornie. Gerns.*

Address, *Home 1214 Light. S. B.*

Remarks, *Yours. Respectfully.*

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its death, and shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the practitioner is unable to sign the certificate, he shall cause it to be signed by some other person, and shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14th Dec 1889*

4. Place of Birth, (Street and Number) *1901 Bank St*

5. Full Name of Mother, *Ellen Thomas*

6. Mother's Maiden Name, *Stoner*

7. Mother's Birthplace, *Balti. City*

8. Full Name of Father, *Samuel Thomas*

9. Father's Occupation, *Wagonmaker*

10. Father's Birthplace, *Balti. City*

Name of Medical Attendant, or other Person who makes this Return. *W. J. Gately, M.D.*

Address, *111 S. Broadway*

Remarks,

SECTION 7. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be considered a midwife, and shall keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of birth, and the sex, color, and occupation of the mother, and the name of the physician or midwife, and the date of birth, and the date of delivery, and the date of the certificate between the first and second days of each month, and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, to report the birth to the Commissioner of Health, and to comply with the provisions of this section, and to pay the fee thereon, and to be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Robert Moore Cramblitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

9704

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 5th 1899

4. Place of Birth, (Street and Number)

2010 Hickman Ave

5. Full Name of Mother,

Mollie Griffith (Cramblitt)

Cramblitt

6. Mother's Maiden Name,

"

"

Moore

7. Mother's Birthplace,

Baile - Ma

8. Full Name of Father,

Arthur P. (Cramblitt)

Cramblitt

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baile, Ma

Name of Medical Attendant, or other person who takes this Return.

B. B. Greenish M.D.

Address,

Pratt Street Bldg.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, _____

Remarks,

[illegible]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place in the city of Baltimore, and shall be entered in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child or other person be in such condition that the attendance of a physician is not required, the practitioner may, if he or she so desire, be in any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 4741

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 5th 89.

4. Place of Birth, (Street and Number)

1272 Riverside Avenue

5. Full Name of Mother,

Mary Wallin

6. Mother's Maiden Name,

Mary Martin

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Walter T. Wallin

9. Father's Occupation,

Baggage Master

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Mrs. Conway

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female

White

Feb. 3 '89

216 N. Carey St.

Mrs. Katie E. Ritcher

" " Carriger

Indiana

Wm. H. Ritcher

Machinist Supplier

Baltimore

J. C. Worthington M.D.

8406 Fayette St

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. The next week after the close of the month the same can be ascertained the full name of each child, (if any shall have been conferred by the father, the date and place of birth, the sex, race, and third day of the month in which the child shall be delivered, duly signed by the practitioner. In case the birth of a child shall occur on each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now recoverable.

register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been received, the sex, the date and place of birth, the date and place of death, the date and place of burial, and the date and place of removal, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to file a return of such birth in the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A. 7713

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth.

February 5th

1889

4. Place of Birth, (Street and Number)

1007 N. Calhoun St.

5. Full Name of Mother.

Minnie Mehner.

6. Mother's Maiden Name.

Minnie Hinman.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

German Mehner.

9. Father's Occupation,

Carriage and Wagon Builder.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 W. Papperton St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child* *9714*

1. Sex, (state whether ~~male~~ or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 5th 1889*
 4. Place of Birth, (Street and Number) *E. Lombard St. No 900*
 5. Full Name of Mother, *Mary Elton*
 6. Mother's Maiden Name, *Mary Limbert*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *George F. Elton*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*
- Address, *N. Dallas St No 114*
- Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall get forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall deliver the same to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, and shall also secure upon the mother, immediately thereafter, a certificate of birth, and shall report its birth to the Commissioner of Health, in the manner and within the time and under the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

[illegible][illegible][illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, Monday Feb 6 1889

4. Place of Birth, (Street and Number) 322 Dover Street

5. Full Name of Mother, *Ellen Travers*

6. Mother's Maiden Name, *Esther Jackson*

7. Mother's Birthplace, In Baltimore, Md.

8. Full Name of Father, *Not Known. Father*

9. *Father's Occupation,* 10 11 1210. *Father's Birthplace.*

Name of Medical Attendant, or other person who examined this patient. *Chas. C. Per Medical Attendant*

Address, ~~Box 128~~ 128 Ark St Sarah M Dixon maker

Remarks. This return 1123 York street

shall be liable under these chapters to enter the records and shall hereafter take place shall keep a true and correct register of such births and shall enter the same on a blank, numbered page in the record book of the County of Health. This schedule shall contain a list of the births which have occurred under his office, and shall be renewed every month, and shall set forth as far as the name can be ascertained the full name of such child, if any shall have been born, the date of birth, the date and place of birth, and the name of the father, and the name of the mother, and the name of the physician or practitioner, and the name of the person to whom such schedule shall be delivered, only signed by the Commissioner of Health, and in case the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the Commissioner of Health shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and shall be liable to a fine of ten dollars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this chapter and thereby subjected the person of ten dollars or each offense, to be recovered as other fines and forfeitures are recovered.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *3d* A 777

1. Sex (~~state whether Male or Female~~) *Male*

2. Race or Color (~~if not of the white race~~) *white*

3. Date of Birth *Feb 6*

4. Place of Birth (~~Street and Number~~) *1110 Penna Av*

5. Full Name of Mother *Hattie L Stapkins*

6. Mother's Maiden Name *Hattie L Murphy*

7. Mother's Birthplace *Delaware*

8. Full Name of Father *Geo Stapkins*

9. Father's Occupation *Carriage Builder*

10. Father's Birthplace *New Jersey*

Name of Medical Attendant, or other Person who makes this Return. *Doak K Kueas*

Address *1208 W Fayette St*

Remarks

[illegible]

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named; the date of birth, the sex, the color, the age of the mother at the time of delivery, the place where the birth took place, and whether the child was born alive or dead, and whether it was legitimate or illegitimate. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report upon the matter, immediately thereafter it shall become the duty of the person or persons of such class to report upon the matter to the Commissioner of Health, in the manner and with the facts above required, and in conformity with the provisions of this act. Any failure on the part of any health officer to comply with the provisions of this act shall be deemed an offence, to be recovered as other laws and forfeitures are recoverable.

A. 7718

[illegible]

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person in charge of the establishment where the birth took place should report on the birth to the Commissioner of Health, in the manner and with the same facts required, and the same schedule shall be delivered, duly signed, to the office of the Commissioner of Health. Any person who is convicted of the offense of failing to report on the birth of any child, or of failing to deliver the schedule to the office of the Commissioner of Health, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and within the time and under the penalty above required, and shall be held responsible for the truth of the statement so made, and shall be liable to the same punishment as is provided for the omission of the duty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and to the effect hereinbefore required, and shall be held responsible for the truth of the report. In case the birth of any child should occur on the day of the expiration of the term of office of the Commissioner of Health, the report shall be made to the office of the Commissioner of Health on the first day of the next term of office. For each offence, to be recovered as either false and fraudulent or as a misdemeanor, the sum of ten (10) dollars for each offence, to be recovered as either false and fraudulent or as a misdemeanor, shall be paid by the person committing the offence.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and within the time and under the penalty above required, and shall be held responsible for the truth of the statement so made, and shall be liable to the same punishment as is provided for the omission of the duty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named; the date of birth, the sex, the color, the age of the mother at the time of delivery, the place where the birth took place, and the names of the physician or midwife attending the birth, and the names of the witnesses. The said schedule shall be delivered daily, at or before five o'clock in the afternoon, to the Commissioner of Health, in case the birth of any child occur upon the third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report to the Commissioner of Health, in the manner and within the time above required, and in the form prescribed, all deaths occurring under their charge or superintendence, and all stillbirths, and also to return to the date of ten (10) dollars for each offence, to be recovered as other laws and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and within the time and under the penalty above required, and shall also report to the Commissioner of Health the name of the child, the date of birth, the sex, the color, and the place of birth, and the name of the mother, and the name of the father, and shall be responsible to the date of ten (10) dollars for each offence, to be recovered as other laws and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and form of the schedule above required, and shall be held responsible for the truth of the statements made in the schedule. In case the birth of any child should be reported to the office of the Commissioner of Health by a person other than the practitioner or person attending the birth, the person so reporting shall be held responsible for the truth of the statements made in the schedule. For each offence, to be recovered as a civil debt, and forfeiture are recoverable on the date of ten (10) dollars.

[illegible]

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and to the effect hereinbefore required, and shall be held responsible for the truth of the report. In case the birth of any child should occur on the first day of any month, the birth shall be reported to the Commissioner of Health on or before the third day of the month. For each offence, to be recovered as other laws and forfeitures are recoverable, the sum of ten (10) dollars shall be levied.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named; the date of birth, the sex, the color, the age of the mother at the time of delivery, and the place where the birth took place. The said schedule shall be delivered daily, at or before five o'clock in the afternoon, to the Commissioner of Health, and shall be filed by him in the office of the Commissioner of Health. In case the birth of any child shall occur upon the third day of each and every month to the office of the Commissioner of Health, he shall attend without the attendance of a physician or practitioner of midwifery, or should no other person be available, he shall report to the Commissioner of Health, in the manner and to the effect above required, and shall also report to the Commissioner of Health all cases of stillbirth, abortion, miscarriage, or premature birth occurring to the wife of ten (or less) dollars for each offence, to be recovered as other laws and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, will keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the date of birth, the sex, the color, the place of birth, the name of the mother, and the name of the father, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report on the birth, the practitioner or person attending the birth shall report to the Commissioner of Health, in the manner and within the time and under the penalty above required, and shall be held responsible for the truth of the statement so made, and shall be liable to the same punishment as is provided for the omission of the duty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 9720

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 6 1889
4. Place of Birth, (Street and Number) 134 West York street
5. Full Name of Mother, Eller Jenkins
6. Mother's Maiden Name, Eller Johnson Dorchester County Md
7. Mother's Birthplace, Machion
8. Full Name of Father, John Jenkins
9. Father's Occupation, Barber
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other person who makes this Return, Mary Mabe and Sarah H. Hign

Address, Mary Mabe 128 West York st Sarah H. Hign 123

Remarks, York street

And he is to give, caused and obtained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the midwife or other person who attended the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the midwife or other person who attended the birth shall immediately thereafter, if such attendance is required, and if such person is a resident of the City of Baltimore, or if he is a resident of any other place within the jurisdiction of the Board of Health, be subjected to the fine of ten (10) dollars for each offense, to be recovered as other taxes and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child 9721

1. Sex, (State whether male or female)

Little Girl

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 6th of Feb 1889

4. Place of Birth, (Street and Number)

No 9 Frederick ave

5. Full Name of Mother,

Mrs Wachshauer

6. Mother's Maiden Name,

Miss Lizzie Hanitch

7. Mother's Birthplace,

Born Heesen Germany

8. Full Name of Father,

Mr W^m Wachshauer

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baden Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Miller

Address,

2127 west Pratt st

Remarks,

Every person practicing midwifery in the City of Baltimore, who is further educated and on the 1st of every year, shall take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, sex, color, date of birth, and place of birth, and the name of the mother, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause the birth to be reported to the office of the Registrar of Vital Statistics, within the period above required, and shall cause the name of the child, sex, color, date of birth, and place of birth, to be entered on the schedule, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th* A. 9722
 1. Sex (state whether ~~Male~~ Female)
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Feb 6th 189*
 4. Place of Birth (Street and Number) *209 W. Center Street*
 5. Full Name of Mother *Mary L. Diehl*
 6. Mother's Maiden Name *Freeman*
 7. Mother's Birthplace *Paris France*
 8. Full Name of Father *John Diehl*
 9. Father's Occupation *Barber*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Frank W. Gurnon M.D.*
 Address *322 A Greene St.*
 Remarks

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall file the same with the Registrar of Vital Statistics, who shall retain the same, and shall cause to be printed a list of the births which have occurred under his or her care during the month, and shall set forth as far as he or she can ascertain the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the birth shall be reported to the Registrar of Vital Statistics by the nearest neighbor, or by the nearest relative of such child to the birth, or by the nearest person who shall be present at the birth, and the Registrar of Vital Statistics shall be authorized to require of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th.)* 1723

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 6th. 1889.*

4. Place of Birth, (Street and Number) *# 707 German St.*

5. Full Name of Mother, *Catherine Conz George*

6. Mother's Maiden Name, *Catherine Murray*

7. Mother's Birthplace, *Prince Edward's Island, Canada.*

8. Full Name of Father, *Nicholas Conz George*

9. Father's Occupation, *Caterer*

10. Father's Birthplace, *Sheos, Greece.*

Name of Medical Attendant, or other Person who makes this Return *W. C. Hale, Jr. M.D.*

Address, *1120 W. Fayette St. Co. Carrollton Md.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Little boy

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 6th of Feb 1889

4. Place of Birth, (Street and Number)

Carion Lane

5. Full Name of Mother,

Mrs. Allicher

6. Mother's Maiden Name,

Miss Maggie Edwight

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. Allicher

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 West Pratt St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the practitioner of midwifery, or should no other person be present, by the mother, or by the father, or by the person who shall be present at the birth, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, or the father, or the person who shall be present at the birth, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *6 of February 1889*
4. Place of Birth, (Street and Number) *1717 Dover Street*
5. Full Name of Mother, *Sarabella Queen*
6. Mother's Maiden Name, *Sarabella Scott.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Sam Edward Queen*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *May Jane Richardson*
- Address, *315 King Street.*
- Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

A. 9725

24

Female
Colored
6 of February 1889
755 Iceland St.
Eda Washington
Eda Bell
Baltimore
Charles Washington
Perrymanville Pa
Storekeeper
May Jane Richardson
215 King Street

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 9727

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 4th of February

4. Place of Birth (Street and Number), 2119 Christian St.

5. Full Name of Mother, Hanna Goldner

6. Mother's Maiden Name, Hanna Rich

7. Mother's Birthplace, Polen

8. Full Name of Father, Henry Goldner

9. Father's Occupation, Carpenter

10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return, Friedricka Kuebler midwife

Address, 2116 West Pratt St.

Remarks,

Persons under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall enter the same on a birth schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the person in charge of the birth, and shall be returned to the Commissioner of Health, and shall be filed as for no other purpose. The full name and occupation of the person, the date and place of birth, and the sex, color, the full name and occupation of the person, the date and place of birth, and the sex, color, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person or persons attending the birth shall be held responsible for the same, and shall be liable to the Commissioner of Health, in the manner and within the time specified in the regulations of the Board of Health, for each offence, to be recovered, no other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A. 9728

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 7. 89.

4. Place of Birth, (Street and Number) 508 East St.

5. Full Name of Mother, Mary Zohlinski

6. Mother's Maiden Name, " Romunski

7. Mother's Birthplace, ~~P. Poland~~ Poland

8. Full Name of Father, John Zohlinski

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return

Address, 1605 Walker St.

Remarks,

Missing [#]A9729-[#]A9740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A. 9741
9741

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 7th 1889

4. Place of Birth (Street and Number)

922 Ryan St

5. Full Name of Mother

Eliza O'Leary

6. Mother's Maiden Name

Murphy

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick O'Leary

9. Father's Occupation

Mechanic

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Thos. P. McCarroll M.D.

Address

1421 Eutan Place

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 9742
9/14

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 8

1889

4. Place of Birth, (Street and Number)

No 1780 Hanover St

5. Full Name of Mother,

Annie Dehn

6. Mother's Maiden Name,

Annie McKelken

7. Mother's Birthplace,

Baltimore city and

8. Full Name of Father,

Frederic Dehn

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore city and

Name of Medical Attendant, or other person who makes this Return.

C. Hinton

Address,

No 17 west Barney St

Remarks,

shall be liable for the same. If the child is born of a woman who is not a resident of Baltimore City, the birth of such child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the mother, or by any other person who shall hereafter fail to comply with the provisions of this section, the Registrar of Vital Statistics shall be liable for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

9743

1. Sex, (state whether male or female)

Female Child

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

Feb 8th, 1889

4. Place of Birth, (Street and Number)

Madison st m quarter Lane Balt

5. Full Name of Mother,

Mariam Eckleson

6. Mother's Maiden Name.

Mariam Slazsman

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

John Eckleson

9. Father's Occupation,

Stone mason

10. Father's Birthplace,

Balt City

Name of Medical Attendant, or other person who makes this Return.

Margaret Winkler

Address,

Mount st m Valley Balt City Md

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Print or repeat as facts to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be assessed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

A. 9744
9744

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

February 2th 1889

4. Place of Birth, (Street and Number)

Smith & Urban St. Betha. Ep. Ch.

5. Full Name of Mother,

Mary Bowling

6. Mother's Maiden Name,

Know.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

William Bowling

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mr. Hannah

Address,

182 S. E. Pratt St.

Remarks,

has been duly examined, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Simon Wolf
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *9745*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *8th February 1889*
4. Place of Birth (Street and Number), *105 Broad Alley*
5. Full Name of Mother, *Roche Tok Wolf*
6. Mother's Maiden Name, *Roche Tok*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Jacob Wolf*
9. Father's Occupation, *Pigar Maker*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, *Roche Zeiger*
or other person who makes this Return
Address, *# 1107 E. Lombard Str.*
Remarks,

mother, immediately thereafter if shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other place and forfeiture are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 474

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 5th of February
4. Place of Birth (Street and Number), 55 Garrison Lane
5. Full Name of Mother, Mary Minder
6. Mother's Maiden Name, Mary Richard
7. Mother's Birthplace, Bremen
8. Full Name of Father, Fritz Minder
9. Father's Occupation, Brauer
10. Father's Birthplace, Bremen

Name of Medical Attendant, or other person who makes this Return.

Friedrich Bessler Midwife

Address,

216 West Pratt St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 - A 9747

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 8, 1889

4. Place of Birth, (Street and Number) 1574 Madison Ave.

5. Full Name of Mother, Theresa Burgunder

6. Mother's Maiden Name, Theresa Gundusheim

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph Burgunder

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Barnard M.D.

Address, _____

Remarks, _____

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A

9748

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Tuesday Feb 8th 89. 12:40 PM (midday)

4. Place of Birth (Street and Number),

1918 N. Charles

5. Full Name of Mother,

Elizabeth H. Clarke

6. Mother's Maiden Name,

" Buzzell

7. Mother's Birthplace,

Rushville N. Y.

8. Full Name of Father,

Oliver D. Clarke

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Hayes Co. N. Y.

Name of Medical Attendant,

of other person who makes this Return.

Chas. H. Young M. D.

Address,

1918 N. Charles St.

Remarks,

Baltimore Md.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

A. 9749

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *8th February 1889*

4. Place of Birth, (Street and Number) *Cyprus St. No. 1719*

5. Full Name of Mother, *Eva Goellner*

6. Mother's Maiden Name, *Freider*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Georg Goellner*

9. Father's Occupation, *W. P. Mann*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other person who makes this Return.

Address, *Madison Avenue South St. No. 434*

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *4756*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *(col.)*

3. Date of Birth, *Feb 8th 1889*

4. Place of Birth, (Street and Number) *7 S. Bettel St*

5. Full Name of Mother, *Maira Johnson*

6. Mother's Maiden Name, *Maira Snowden*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Steve Johnson*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *D. C.*

Name of Medical Attendant, or other person who makes this Return. *Margret Davis*

Address, *217 S Spring St*

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Attention upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 7757

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 8, 89

4. Place of Birth, (Street and Number)

1632 P. Madison St.

5. Full Name of Mother,

Jennie H. Cunningham

6. Mother's Maiden Name,

Cassidy

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Chas. E. ~~Cassidy~~ Cunningham

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this return.

Cardine Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 9753*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Feb. 9th*
4. Place of Birth (Street and Number), *5-08 Robert St.*
5. Full Name of Mother, *Mrs. Corrie Klingfelter*
6. Mother's Maiden Name, *Kimmel*
7. Mother's Birthplace, *Calif.*
8. Full Name of Father, *John R. Klingfelter*
9. Father's Occupation, *Telegraph Operator*
10. Father's Birthplace, *Pa.*
- Name of Medical Attendant, or other person who makes this Return, *W. H. Hill M.D.*
- Address, *1001 Ed. Ave*
- Remarks,

mother, impossibly interested it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 77571

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 9th

4. Place of Birth, (Street and Number)

Balta. Cor. Bond & Sharpspear St. No. 815

5. Full Name of Mother,

Mary Esposito

6. Mother's Maiden Name,

Mary Trantner

7. Mother's Birthplace,

Balta Mod.

8. Full Name of Father,

Michael Esposito

9. Father's Occupation,

Steward

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return.

Marie Pratt

Address,

Remarks,

S. Bond Str. 807.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 975-5*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 9*

4. Place of Birth, (Street and Number) *863 Lexington*

5. Full Name of Mother, *Florence Malvina Kiston*

6. Mother's Maiden Name, *Florence M. Mead*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Laurence H. M. Kiston*

9. Father's Occupation, *Locksmith B & O R.R.*

10. Father's Birthplace, *Alexandria Va*

Name of Medical Attendant, *Dr. Susana White*
or other Person who makes this Return.

Address, *Se'knaden St - no 925-*

Remarks, *Not ripe*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 9757
Male

Sex, (State whether male or female)

White

Race or color, (if not of the white race)

Date of Birth,

Feb 9 1889

Place of Birth, (Street and Number)

1424 Hull St

Full Name of Mother,

Katie Boyer

Mother's Maiden Name,

Katie Ripley

Mother's Birthplace,

Baltimore

Full Name of Father,

Robt Boyer

Father's Occupation,

Mechanic

Father's Birthplace,

Frederick City Md

Name of Medical Attendant, or other person who makes this Return.

W. B. Noble M.D.

Address,

301 W. Main St

Remarks,

and to report its birth to the Commissioner of Health, in the manner and within the time above required. Any such person or persons who shall herafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

A 9758

Sex, (State whether male or female). *female*

2. Race or color, (if not of the white race) — *White*

3. Date of Birth, 9 February

4. Place of Birth, (Street and Number) *511 Canton Avenue*

5. Full Name of Mother, *Friederike Backer*

6. Mother's Maiden Name, Grossman

7. Mother's Birthplace,..... Ball

8. Full Name of Father, *William Backer*

9. Father's Occupation, ... *Labels*

Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return.

Mrs G. Weiss

Address.

2524 Lancaster St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 4759

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 9 - 1889

4. Place of Birth, (Street and Number)

109 S. Dallas St.

5. Full Name of Mother,

Berbetta Schmidt.

6. Mother's Maiden Name,

Zinkelbach

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Phillip Schmidt

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Harry Stein

Address,

1427 E. Pratt St.

Remarks,

Child to report the return to the Registrar of Births, and to the Registrar of Deaths, and to the Registrar of Marriages, and to the Registrar of Funerals, and to the Registrar of Burials, and to the Registrar of Cremations, and to the Registrar of Interments, and to the Registrar of Exhumations, and to the Registrar of Reinterments, and to the Registrar of Transfers, and to the Registrar of Relocations, and to the Registrar of Changes of Name, and to the Registrar of Changes of Address, and to the Registrar of Changes of Occupation, and to the Registrar of Changes of Religion, and to the Registrar of Changes of Race or Color, and to the Registrar of Changes of Sex, and to the Registrar of Changes of Date of Birth, and to the Registrar of Changes of Place of Birth, and to the Registrar of Changes of Full Name, and to the Registrar of Changes of Maiden Name, and to the Registrar of Changes of Birthplace, and to the Registrar of Changes of Occupation, and to the Registrar of Changes of Full Name of Father, and to the Registrar of Changes of Father's Occupation, and to the Registrar of Changes of Father's Birthplace, and to the Registrar of Changes of Name of Medical Attendant, and to the Registrar of Changes of Address, and to the Registrar of Changes of Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child. A 9760

Sex, (State whether male or female)

Girl

2. Race or color, (if not of the white race)

White.

3. Date of Birth,

9th of February, 1889

4. Place of Birth, (Street and Number)

1907 East Orlean Street

5. Full Name of Mother,

Mary Lena Thord

6. Mother's Maiden Name,

Mary Lena Hupman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Phillip Hupman,
Clark

9. Father's Occupation,

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Crescencia Kunkel

Address,

213 North Chapel St. for Justina Kunkel

Remarks,

Healthy.

any such person as person who shall fail to pay the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, forfeited to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

A

9-7-1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb'y 9/89.

4. Place of Birth, (Street and Number) 1426 Harlem Avenue

5. Full Name of Mother, Augusta Spear

6. Mother's Maiden Name, Lucho

7. Mother's Birthplace, Balto.

8. Full Name of Father, Abraham Spear

9. Father's Occupation, Shoe-Dealer.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith, M.D.

Address,

Harlem av. & Calhoun St.

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

A 9721

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 9/89.

4. Place of Birth, (Street and Number) 1426 Harlem Avenue

5. Full Name of Mother, Augusta Spear

6. Mother's Maiden Name, Luchs

7. Mother's Birthplace, Balto.

8. Full Name of Father, Abraham Spear

9. Father's Occupation, Shoe - Dealer.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return,

R. H. Goldsmith, M.D.

Address,

Harlem av. & Calhoun St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 97, 2
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) colored
3. Date of Birth, 9 of february
4. Place of Birth, (Street and Number) myers st 118
5. Full Name of Mother, ida Carter
6. Mother's Maiden Name, ida roads
7. Mother's Birthplace, Baltimore
8. Full Name of Father, alfred roads
9. Father's Occupation, laborer
10. Father's Birthplace, george town Kent Maryland
- Name of Medical Attendant, robert Lake or other person who makes this Return. Wilcox 115
- Address, Thurg st
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. 6 Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 1753

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Black

Feb 9

1333 Shields ally

Mary E. Taylor

" " Read

Balto City

Robert Taylor

Cook

Richmond Va

John B. Huch

647 N. Townsend St.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

A. 9-7-44

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

9th February

4. Place of Birth, (Street and Number)

Weldon Hall St 1139

5. Full Name of Mother,

Genne Miller

6. Mother's Maiden Name,

Genne Barker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Barker

9. Father's Occupation,

laborer

10. Father's Birthplace,

The Kent Ireland

Name of Medical Attendant, or other person who makes this Return.

Carroll S. Miller 115

Address,

Wey at

Remarks,

If such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 97, 5
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) colored
3. Date of Birth, 9 of february
4. Place of Birth, (Street and Number) York St 129
5. Full Name of Mother, Mary Ward
6. Mother's Maiden Name,
7. Mother's Birthplace, Birrel County
8. Full Name of Father, Geo Salmon
- Father's Occupation, Laborer
10. Father's Birthplace, Carterville Virginia
- Name of Medical Attendant, or other person who makes this Return, S. Capt Lane Wilson M.D.
- Address, Hurey St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

A. 9765

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9th 1888*

4. Place of Birth, (Street and Number) *425 S. Chapple St*

5. Full Name of Mother, *Charlesa Rutina*

6. Mother's Maiden Name, *Martinek*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Frank Rutina*

9. Father's Occupation, *Valuator*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *Mary Pollack*

Address, *207 S. Washington St*

Remarks,

(see note for 1886-1887 4-1/38 st)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 9767

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 9 Feb 1889

4. Place of Birth, (Street and Number) 1036 Eastern Ave

5. Full Name of Mother, Mary Thonn

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James Thonn

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, _____, or other person who makes this Return.

Mary Kopitz's

Address, 207 N. Washington St

Remarks, _____

Printed and sold by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A 9768*
 1. Sex (state whether male or female), *female*
 2. Race or Color (if not of the white race), *white*
 3. Date of Birth, *Feb 10 1889*
 4. Place of Birth (Street and Number), *902 Franklin st*
 5. Full Name of Mother, *Alice Elvira Frick*
 6. Mother's Maiden Name, *" " Jones.*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Isaac Daniel Frick*
 9. Father's Occupation, *High Master Adams Express Co*
 10. Father's Birthplace, *York Pa*
 Name of Medical Attendant, or other person who makes this Return, *J. B. Zimmerman*
 Address, *202 W. Franklin*
 Remarks,

the Commissioner of Health, in the manner and within the period above required, and any return not so made shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

When to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered at other days and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A 9769

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Feb 1887

4. Place of Birth, (Street and Number) 1227 Lane St

5. Full Name of Mother, Sophia Newman

6. Mother's Maiden Name, " Lays

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Ashton Newman

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kaptish

Address, 207 Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 9771

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 10th 1889

4. Place of Birth, (Street and Number)

218 N. Burke St

5. Full Name of Mother,

Emma Williams

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Petersburg Va

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

John Boyd M.D.

Address,

1927

S. W. Monument St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 477/2
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race). Colored
3. Date of Birth, 16 of February
4. Place of Birth, (Street and Number) Shurey st. 114
5. Full Name of Mother, Mary Baily
6. Mother's Maiden Name, Mary Lankford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jaynes Lankford
9. Father's Occupation, Carpenter
10. Father's Birthplace, Washington
- Name of Medical Attendant, or other person who makes this Return. Dr. J. M. Wilson 115
- Address, Shurey st
- Remarks;

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-

9773

1. Sex, (state whether male or female)

Female -
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 10th 1897

4. Place of Birth, (Street and Number)

#1420 W. Pratt St., City.

5. Full Name of Mother,

Mary Jane Jones -
La Broeken.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore,

8. Full Name of Father,

George Jones -

9. Father's Occupation,

Collector,
Calverton

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

James A. Stokes, M.D.

Address,

No. 1406 N. Fulton Ave., City.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

A. 9774

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 10/89

4. Place of Birth, (Street and Number)

N^o 128 Burke Str

5. Full Name of Mother,

Lutie Ryan

6. Mother's Maiden Name,

Rupp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Demiel Ryan

9. Father's Occupation,

Ironworker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louisa Schutte

Address,

N^o 535 Washington Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d 9775

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, _____

4. Place of Birth, (Street and Number) 250 S. Bond St.

5. Full Name of Mother, Mary V. Roman

6. Mother's Maiden Name, " " Buckley

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Frank Roman

9. Father's Occupation, Cannemaker

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, J. V. Lauackman
or other Person who makes this Return.

Address, 172 E. Baltimore St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner prescribed in this section shall be subject to a fine of ten (10) dollars for each offense. Those registered as other than white and forfeitures are recoverable.

LEB 14 1889

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 A 4776

1. Sex, (State whether male or female)

Female

2. Race, or color, (if not of the white race)

White

3. Date of Birth,

February 10, 1889

4. Place of Birth, (Street and Number)

No 1197 Bat & Loc

5. Full Name of Mother,

Lizzie Burns

6. Mother's Maiden Name,

Lizzie Gills

7. Mother's Birthplace,

St Louis Mo

8. Full Name of Father,

Thomas Burns

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr Conway

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A. 9777

Sex, (~~state whether male or female~~)

Race or Color, (~~if not of the white race~~)

Date of Birth, Feb. 10, 1889.

Place of Birth, (Street and Number) 1446 Light St.

Full Name of Mother, Mrs. Caroline Kames.

Mother's Maiden Name,

Caroline Isell.

Mother's Birthplace,

Germany.

Full Name of Father,

Charles H. Kames.

Father's Occupation,

Mechanic.

Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return

Dr. L. J. Fuhr.
1435 Light St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

A 9778

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 10th 1889

4. Place of Birth, (Street and Number)

926 Burgundy St. City

5. Full Name of Mother,

Kate O'Neill

6. Mother's Maiden Name,

Kate Cassidy

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

John O'Neill

9. Father's Occupation,

Stonecutter

10. Father's Birthplace,

Philadelphia Pa

Name of Medical Attendant,

or other person who makes this Return.

Mrs Mary E. Bentley

Address,

429 S. Penn St

Remarks,

Child living

Jevel to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 9779

Sex (state whether male or female), male

Race or Color (if not of the white race), White

Date of Birth, Feb 10

Place of Birth (Street and Number), 903 Pine St

Full Name of Mother, Mrs Mary Ball

Mother's Maiden Name, " Schmitt

Mother's Birthplace, St Louis Mo

Full Name of Father, W H Ballin

Father's Occupation, Musician

Father's Birthplace, St City

Name of Medical Attendant, H Hill m d
or other person who makes this Return.

Address, 1001 E & Ave

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 9750
1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, Feb 12th
4. Place of Birth (Street and Number), 1307 Harlan Ave
5. Full Name of Mother, Mrs. Kate B. Moly
6. Mother's Maiden Name, .. Ezzers
7. Mother's Birthplace, Pa
8. Full Name of Father, John A. Moly
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Md
- Name of Medical Attendant, or other person who makes this Return, H. Hill M.D.
- Address, 1001 Edmondson Ave
- Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child A. 978
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 10 — 1889.

4. Place of Birth, (Street and Number)

1035 Charles st.

5. Full Name of Mother,

Lizzie Krausz.

6. Mother's Maiden Name,

Schneider.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Henry Krausz.

9. Father's Occupation,

Dealer in wood and coal.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return,

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Schilder 9782

Sex, (State whether male or female)

Boy

Race or color, (if not of the white race)

White Race

Date of Birth,

Feb 10th 1889.

Place of Birth, (Street and Number)

No. 321 Forrest Str

Full Name of Mother,

Mary Schervallie

Mother's Maiden Name,

Mary Lutz

Mother's Birthplace,

Hessendammstadt Germany

Full Name of Father,

August Schervallie

Father's Occupation,

Butcher

Father's Birthplace,

Loburg Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Heidler

Address,

2127 West Pratt Str

Remarks,

Every day without the attendance of the Commissioner of Health, the manner and within the time specified in this section shall be submitted to the Commissioner of Health, and the Commissioner of Health shall comply with the provisions of this section and forfeitures are recoverable. any such person who fails to comply with the provisions of this section for each offence, to be recovered as other fines and forfeitures are recoverable. fected to the fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 1783

Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10th 1889

4. Place of Birth, (Street and Number) 1438, Orleans St.

5. Full Name of Mother, Caroline Sudloff

6. Mother's Maiden Name, " Sister

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Isaac Sudloff

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Remond M.D.

Address, 800 N. Broadway

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A. 9754

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 10 '89 11 30. P.m.

4. Place of Birth, (Street and Number)

1338 W Mosher St

5. Full Name of Mother,

Belle Crookeguy

6. Mother's Maiden Name,

Belle Munay

7. Mother's Birthplace,

Baltimore. Md.

8. Full Name of Father,

Gilmer Crookeguy

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return.

A. H. Lasker, M.D.

Address,

1136 Lexington St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 9780*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Feb 18. 1899*
4. Place of Birth, (Street and Number) *5-449 42*
5. Full Name of Mother, *Janice Rubin*
6. Mother's Maiden Name, *" Muller*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Morris Rubin*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return. *David Shert MD*
- Address, *423 E. Center St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 9780
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Feb 10th 1889
4. Place of Birth, (Street and Number) 792 - Visher st
5. Full Name of Mother, Alesia Barlow
6. Mother's Maiden Name, Alesia Simmons
7. Mother's Birthplace, Washington - D. C.
8. Full Name of Father, Thomas H. Barlow
9. Father's Occupation, Labor
10. Father's Birthplace, Washington - D. C.
- Name of Medical Attendant, or other Person who makes this Return Mary Thompson
- Address, # 635 Josephine st
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A 9787*
- Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *Colord*
3. Date of Birth, *11 of January 1887*
4. Place of Birth, (Street and Number) *No 63 Brown Court*
5. Full Name of Mother, *Mary Brown*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *Rich Brown*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *had none*
- Address, *Mrs Wm. Hairett Luster*
- Remarks, *No 935 Harry Lane Balt*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. CITY PAPERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother*, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 9789*
 2. *Sex*, (State whether male or female) *male*
 3. *Race or color*, (if not of the white race) *white*
 4. *Date of Birth*, *Feb 11th 1889*
 5. *Place of Birth*, (Street and Number) *No 11 Barney st*
 6. *Full Name of Mother*, *Amanda M Haffner*
 7. *Mother's Maiden Name*, *Amanda M Benson*
 8. *Mother's Birthplace*, *Missouri*
 9. *Full Name of Father*, *John M Haffner*
 10. *Father's Occupation*, *laborer*
 11. *Father's Birthplace*, *Baltimore city, md*
 12. *Name of Medical Attendant*, *or other person who makes this Return* *Dr. Hinkley*
 13. *Address*, *No 14 west Barney st*
 14. *Remarks*,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 9770*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *February 10th 1889*

4. Place of Birth, (Street and Number) *1832 Hanover Street*

5. Full Name of Mother, *Clara May Smith*

6. Mother's Maiden Name, *Clara May Edwards*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John W. Smith*

9. Father's Occupation, *Brickman on Rail Road*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Ellenora. A. Anderson*

Address, *1434 Putnam Street*

Remarks, *Child healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* *A. 9791*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *11th day of February 1889*
 4. Place of Birth, (Street and Number) *283 Parkin St. Baltimore*
 5. Full Name of Mother, *Laura Virginia Holmes*
 6. Mother's Maiden Name, *Laura Virginia Barnette*
 7. Mother's Birthplace, *York Pa*
 8. Full Name of Father, *Howard B. Holmes*
 9. Father's Occupation, *Printer*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
 Address, *23 W Poppleton St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 9792

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 Feb 1889

4. Place of Birth, (Street and Number) 622 Mansuement st

5. Full Name of Mother, Annie Miller

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Germany

8. Full Name of Father, George Miller

9. Father's Occupation, Wagoner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Nary Kopitish

Address, 207 of Washington st

Remarks,

jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A 9793

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *February 11th 1889*

4. Place of Birth, (Street and Number) *1447 Patapasco Street*

5. Full Name of Mother, *Josephine Baxter*

6. Mother's Maiden Name, *Josephine Smith*

7. Mother's Birthplace, *Cumberland, m.d*

8. Full Name of Father, *Robert Charles Baxter*

9. Father's Occupation, *Glass Blower*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return. *Ellenrou. a. anderson*

Address, *1434 Patapasco Street*

Remarks, *Child healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 9794

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 11th 1889

4. Place of Birth, (Street and Number)

1610 Madison Ave

5. Full Name of Mother,

Delia Hamburger

6. Mother's Maiden Name,

Delia Lockheim

7. Mother's Birthplace,

Phil^a Pa

8. Full Name of Father,

S. J. Hamburger

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Dr. S. K. Latimer M.D.

Address,

Chloroform from beginning of 2nd stage to birth

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *Jesse Wilmer Holmes* Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A 9796*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Feb 11th 1889*

4. Place of Birth, (Street and Number) *22 Eittings Street*

5. Full Name of Mother, *Sarah E. Holmes*

6. Mother's Maiden Name, *Sarah E. Roberts*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William J. Holmes*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return. *Mrs Henry*

Address,

Remarks,

GIVEN NAME ADDED

11-3-53

h.m.

GIVEN NAME ADDED 6-13-34
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Eichner 1 child *A*
 Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (State whether male or female) *Little Boy*
 2. Race or color, (if not of the white race) *White Race*
 3. Date of Birth, *Feb. 11, 1889*
 4. Place of Birth, (Street and Number) *No 321 Smallwood Str*
 5. Full Name of Mother, *Kate E. Eichner*
 6. Mother's Maiden Name, *Kate E. Schaefer*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Wm F. Eichner*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Heller*
 Address, *2127 West Pratt Str*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A 9777

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth.

Feb 11th 1889

4. Place of Birth, (Street and Number)

124 S Caroline St

5. Full Name of Mother,

Cecilia R Norris

6. Mother's Maiden Name,

Rosner

7. Mother's Birthplace,

North Carolina

8. Full Name of Father,

Charles A Norris

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Mrs. J. Rhodes

Address,

1829 E Pratt St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female 9748
Male

February 11th

1205 Johnson Street

Evangelina Thompson

Evangelina Benton

Baltimore

William Plummer Thompson

Insurance Agent

Baltimore

New Jersey

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A

9799

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb. 12th

4. Place of Birth (Street and Number),

95-67 Franklin St.

5. Full Name of Mother,

Mrs. Emma V. Allen

6. Mother's Maiden Name,

" Gertrude

7. Mother's Birthplace,

City

8. Full Name of Father,

Rev. J. Allen

9. Father's Occupation,

Builder

10. Father's Birthplace,

City

Name of Medical Attendant,

or other person who makes this Return.

W. H. Hill M.D.

Address,

1001 E. Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

61

7800

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb 12

1899

4. Place of Birth, (Street and Number)

1718 E. 14th St. Baltimore Md

5. Full Name of Mother,

Eliza E. Keith

6. Mother's Maiden Name,

Eliza E. Hinton

7. Mother's Birthplace,

Baltimore Co. Md

8. Full Name of Father,

Alvin R. Keith

9. Father's Occupation,

Conductor on B. & O. R.R.

10. Father's Birthplace,

Montgomery, Co. Md

Name of Medical Attendant, or other person who makes this Return.

Eliza E. Hinton

Address,

14 West Barney St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 9801
 1. Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) _____
 3. Date of Birth, Feb 12 - 1889
 4. Place of Birth, (Street and Number) 321 N Chester St.
 5. Full Name of Mother, Mary Dressel
 6. Mother's Maiden Name, Kloekel
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Elias Dressel
 9. Father's Occupation, Porter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

any such person or persons who shall be liable to be recovered as other fines and forfeitures are recoverable
 jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female).

3. Race or color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5⁰ 1862

Female

White

Feb 12⁰ 1889

137. Liddings St

James Myers

James Gregory

Baltimore

Phillip Myers

James

Anne Arnold, Co

110 North Ave

107 Warren St

any such person or persons, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

12th of Feb.

4. Place of Birth, (Street and Number)

824 E. Pratt St.

5. Full Name of Mother,

Maria Andreobetti

6. Mother's Maiden Name,

Sciutto

7. Mother's Birthplace,

Italy

8. Full Name of Father,

J. F. Andreobetti

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1222 Granby St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child A 9804*
1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *February 12th 1889*
4. Place of Birth, (Street and Number) *N. Dallas St No 124*
5. Full Name of Mother, *Emma Lang*
6. Mother's Maiden Name, *Emma Lange*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Lang*
9. Father's Occupation, *Baker*
- Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *Marg E. Müller*
- Address, *N. Dallas St. No 114*
- Remarks, _____

any such person or persons who shall neglect or fail to do so, shall be liable to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

7 Child of 9505
white Heinrich Schmidt

white

12 Feb. 1889

Bureau No 2113

Leonora Schmidt

" Hoffmann

Baltimore

Heinrich Schmidt

Kleinschmied

Baltimore

Marie Anna Meyer

Birds Eye St for 1933

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2^d, 3^d, &c.)

3^d, &c.)

96

A 9605

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth, 12 Jan 1899

4. Place of Birth, (Street and Number)

Borough St 158

5. Full Name of Mother,

Sophie Shaper

6. Mother's Maiden Name,

Giesy

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Johan Julius Shaper

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return.

Address,

Marlene Shway Tool Shed 158

Remarks,

jected to the line of ten (10) dollars for each failure to file a copy of the return as required by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th ~~A~~ 9804

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February 12th. 1889.

4. Place of Birth (Street and Number),

520 S. Wolf Street.

5. Full Name of Mother,

Josephine Ball.

6. Mother's Maiden Name,

Josephine Williams

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

George Ball -

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant,

or other person who makes this Return.

M. Swindle Jr. M.D.

Address,

700 S. Broadway -

Remarks,

Born 11 P.M.

the Commissioner of Health, in the manner and within the time specified above, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Aug 508

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 12/89

4. Place of Birth, (Street and Number)

N^o 110 Patterson post office

5. Full Name of Mother,

Mary Hill

6. Mother's Maiden Name,

Parry

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James P. Hill

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Schulte

Address,

N^o 528 Washington Str

Remarks,

Report this birth to the Registrar of Vital Statistics, Baltimore City, within three days of its occurrence, and pay such fee as may be required. If the provisions of this act are not complied with, the person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of \$10 dollars for each offense to be recovered as other laws and local laws are recoverable.

child to report the birth to the Commissioner of Health, in the manner and within the period provided in this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 9509

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 Feb 1888

4. Place of Birth, (Street and Number)

209 of Bethesda

5. Full Name of Mother,

Mary Stinner

6. Mother's Maiden Name,

Hanzlik

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

James Stinner

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return,

Mary Koplik

Address,

207 of Washington St

Remarks,

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.)

5.

A.

9810

whether male or female)

female

(if not of the white race)

white

th,

13 February

th, (Street and Number)

2234 Bank St City

of Mother,

Edw Hnr Driscoll

iden Name,

Waithman

thplace,

Virginia

of Father,

Thomas James Driscoll

upation,

meriner

thpl

Virginia

Medical Attendant, or other person who makes this Return.

Mrs Hannah Knowles

1829 B Pratt St

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th). 9811
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, February 13th, 1889.
- Place of Birth, (Street and Number) 110 Madison Ave. extended
- Full Name of Mother, Ida Catherine Templeman
- Mother's Maiden Name, Frank
- Mother's Birthplace, Baltimore, Md.
- Full Name of Father, Alex. Edwin Templeman
- Father's Occupation, Merchant
- Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return Louis W. Knight M.D.
- Address, 414 N. Greene
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A 95/12

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb. 13 '89

4. Place of Birth (Street and Number),

221 W. Saratoga

5. Full Name of Mother,

Mrs. Lizzie Hummer

6. Mother's Maiden Name,

City

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sam Hummer

9. Father's Occupation,

Tobacco & Beer Store

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. Wm. Thompson M.D.

Address,

8704 Fayette St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A 9.113

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *13 of February*

4. Place of Birth, (Street and Number) *1001 Bessy St.*

5. Full Name of Mother, *Margi Müller*

6. Mother's Maiden Name, *Müller*

7. Mother's Birthplace, *Wallerfels (Bavaria)*

8. Full Name of Father, *Balthasar Müller*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Wallerfels*

Name of Medical Attendant, or other person who makes this Return, *Mrs. J. Weiss*

Address, *2524 Lancaster St.*

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th* *A. 9814*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *13 of February*

4. Place of Birth, (Street and Number) *2428 Madison St.*

5. Full Name of Mother, *Mattilee Fleischman*

6. Mother's Maiden Name, *= Schumberg*

7. Mother's Birthplace, *Hartshausen (Germ.)*

8. Full Name of Father, *Doctor Georg Fleischman*

9. Father's Occupation, *Bäcker*

Father's Birthplace, *Reinpfalz (Bavaria)*

Name of Medical Attendant, or other person who makes this Return, *Mrs. G. Weiss*

Address, *2524 Lancaster St.*

Remarks, _____

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9815
1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 13 of February 1889

4. Place of Birth, (Street and Number)

No 808 North Howard

5. Full Name of Mother,

Wah Lee

6. Mother's Maiden Name,

Keiley

7. Mother's Birthplace,

England

8. Full Name of Father,

John Lee

9. Father's Occupation,

Coal Miner

Father's Birthplace,

Williams

Name of Medical Attendant, or other person who makes this Return,

Dr. J. H. L. L. L.

Address,

No 1054 Maryland Ave

Remarks,

Coal Miner

1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 9515

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 13th 1884

4. Place of Birth, (Street and Number) 1330 N. Ave

5. Full Name of Mother, Catherine Finn

6. Mother's Maiden Name, Catherine Priddy

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Patrick Finn

9. Father's Occupation, Contractor (building)

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Thos. Lattimer M.D.

Address, 1213 Intero. Place

Remarks, No Anæsthetic No trouble

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Aug 8 '17

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb 13th

1889

4. Place of Birth, (Street and Number)

No 1539 N Charles St

5. Full Name of Mother,

Gennie Speakes

6. Mother's Maiden Name,

Gennie Walter

7. Mother's Birthplace,

Baltimore city md

8. Full Name of Father,

William T Speakes

9. Father's Occupation,

Boiler Maker

Father's Birthplace,

Baltimore city md

Name of Medical Attendant, or other person who makes this Return.

E. Hinton

Address,

No 17 West Barney St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9518
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, Feb'y 13 - 89
5. Place of Birth, (Street and Number) 1315 N Edm St
6. Full Name of Mother, Gertrude Kendall
7. Mother's Maiden Name, Gertrude McGarrity
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Edward Kendall
10. Father's Occupation, Iron Moulder
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other Person who makes this Return, Daniel V. Morgan MD
13. Address, 1200 N Edm St
14. Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-9-59
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LOUISE DOROTHY CROWL

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

1889 3. Date of Birth,

14 4. Place of Birth (Street and Number),

FEB 5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

July 13th 1889.

914. Maryland.

Mollie W. Crowl.

Mollie W. Garber.

Baltimore City, Md.

Leard Crowl.

Bookkeeper.

Baltimore City, Md.

John J. R. Mages, M.D.

662. W. Lexington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four (4) A. 9820*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 14th 1889*
4. Place of Birth, (Street and Number) *605 Mulberry St Baltimore*
5. Full Name of Mother, *Theresa A. Bryan*
6. Mother's Maiden Name, *Theresa A. Ambrose*
7. Mother's Birthplace, *Baltimore Co Maryland*
8. Full Name of Father, *Edmund T. Bryan*
9. Father's Occupation, *Carver*
10. Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other person who makes this Return. *Susan Shenton*
- Address, *23 N. Poppleton St*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth child ^A 9521

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 14th 1889

4. Place of Birth, (Street and Number)

935 Boyd St

5. Full Name of Mother,

Elizabeth J. Buckley

6. Mother's Maiden Name,

Elizabeth Jane Nolan

7. Mother's Birthplace,

Balto. City, Md

8. Full Name of Father,

David Bernard Buckley

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Albany, City, N. Y.

Name of Medical Attendant, or other person who makes this Return,

Susan Hunter

Address,

231 Poypeltion St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *14th Feb 1889*

4. Place of Birth, (Street and Number) *205 South High St. D.*

5. Full Name of Mother, *Grove Merban*

6. Mother's Maiden Name, *Cunningham*

7. Mother's Birthplace, *Solmans Island N. I.*

8. Full Name of Father, *Adam Merban*

9. Father's Occupation, *Sash Maker*

10. Father's Birthplace, *Balto Md. D.*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Davenport*

Address, *225 South Ann. St*

Remarks, *Baby and Mother are well*

Any other person or persons who shall be liable and to comply with the provisions of this act shall be liable to a fine of not less than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any other person or persons who shall be liable and to comply with the provisions of this act shall be liable to a fine of not less than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

34 A 9823

Kuli.

White

Feb 14, 1889

Hall St 1404

Emma S. Horton

Common S. Huper?

Baltimore

George F. Holton

6. Bert

Harpers Ferry Mt 28

Mrs. Estlin

1619 Collier St. Baltimore

GO, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c~~)

A. 9524

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 14th 1889.

4. Place of Birth, (Street and Number)

No 630 Clinton Place.

5. Full Name of Mother,

Bertie Hammond,

6. Mother's Maiden Name,

" Primrose,

7. Mother's Birthplace,

Va

8. Full Name of Father,

Walter G Hammond

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

J Ridgway Andre M.D

Address,

1123 E. Baito st,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ag 23
8

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Feb 14 1889*
4. Place of Birth, (Street and Number) *Edger av. Hampden 225*
5. Full Name of Mother, *Josephine Howard*
6. Mother's Maiden Name, *Josephine Martin*
7. Mother's Birthplace, *Baltimore Co*
8. Full Name of Father, *John Howard*
9. Father's Occupation, *Computer*
- Father's Birthplace, *Baltimore Co*
- Name of Medical Attendant, or other person who makes this Return, *Elizabeth Guinevan*
- Address,
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 9821

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 Feb 1888
4. Place of Birth, (Street and Number) 124 of Durham St
5. Full Name of Mother, Molly Sacke
6. Mother's Maiden Name, Dall
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Sacke
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return. Mary Mott St
- Address 287 1/2 Washington St
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered on other fines, and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child A 9527
Boy

1. Sex, (State whether male or female)

White Race

2. Race or color, (if not of the white race)

Feb 14th 1889

3. Date of Birth,

4. Place of Birth, (Street and Number)

No. 337 West Lombard Str

5. Full Name of Mother,

Chara Meiller

6. Mother's Maiden Name,

Chara Sobrot

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles H Meiller

9. Father's Occupation,

Butcher

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Meiller

Address,

2127 West Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*
- Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *February 14, 1899*
4. Place of Birth, (Street and Number) *Baltimore Ramsey St 1506*
5. Full Name of Mother, *Elizabeth C. Green*
6. Mother's Maiden Name, *Elizabeth Birnien*
7. Mother's Birthplace, *Washington*
8. Full Name of Father, *Nelson T. Green*
9. Father's Occupation, *Groceries Business*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Dr. J. H. Green*
- Address, *414 So. Street Baltimore Md*
- Remarks, *Mother and child are doing well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th A. 9830

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

July 14 '89

4. Place of Birth, (Street and Number)

2202 Camden ave.

5. Full Name of Mother,

Elizabeth M. Minter

6. Mother's Maiden Name,

" Taggart

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

Geo. M. Minter

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other person who makes this Return,

J. L. Minter

Address,

2202 Camden

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st E 9531

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 15th 1889

4. Place of Birth, (Street and Number)

No 1701 Guilford ave.

5. Full Name of Mother,

Blanche Hamill

6. Mother's Maiden Name,

" Grove

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Dr Geo W Hamill

9. Father's Occupation,

Physician

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Dr W Cuthrell Md

Address,

1308 Charles St.

Remarks,

Registered to the line of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth* *A 4832*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *15 Day of February 1889*
 4. Place of Birth, (Street and Number) *Baltimore 118 S Schroder St*
 5. Full Name of Mother, *Sarah Ellen Bowers*
 6. Mother's Maiden Name, *Sarah E. Flannery*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *George W. Bowers*
 9. Father's Occupation, *A City Policeman*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
 Address, *23 N. Gay Street*
 Remarks,

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of the City and County of Baltimore, or to the Registrar of the City and County of Baltimore, as the case may be, and to file a true and correct copy of this Return with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-12-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Miles
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (25)* *A* 1833
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 15, 1889*
4. Place of Birth, (Street and Number) *10 206 North Exeter St*
5. Full Name of Mother, *Mrs. Jessie Corania Miles*
6. Mother's Maiden Name, *Mrs. Jessie R. Matthews*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Mr. Otis Tiffany Miles*
9. Father's Occupation, *grocer*
10. Father's Birthplace, *Baltimore County Md*
Name of Medical Attendant, or other Person who makes this Return, *W. K. Mendenhall, M.D.*
Address, *1700 E Fayette St near Broadway*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A* *9834*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 15th 89*

4. Place of Birth, (Street and Number) *911 Druid Hill ave*

5. Full Name of Mother, *Mary Gosh*

6. Mother's Maiden Name, *Mary Kriner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George J. Gosh*

9. Father's Occupation, *Restaurant Keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. Keller M.D.
639 Franklin St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

9835

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 15/89

4. Place of Birth, (Street and Number)

Clifton St (Clifton)

5. Full Name of Mother,

Mary Ann Hersh

6. Mother's Maiden Name,

Mary Ann Kelly

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm Hersh

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

A. C. Cole

Address,

2102 Madison Co

Remarks,

See

GIVEN NAME ADDED. 11-13-58
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ira A. Spear 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. 933*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb'y. 15/89*

4. Place of Birth, (Street and Number) *1212 W. Fayette St*

5. Full Name of Mother, *Hennetta Spear*

6. Mother's Maiden Name, *Kronheimer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Aaron Spear*

9. Father's Occupation, *Rubber Cord, Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Thomas Opie M.D.*

Address, *600 N. Howard St*

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. *4th* Child of Mother, (state whether 1st, 2d, 3d, &c.) *537*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *February 15th 1887*
4. Place of Birth, (Street and Number) *314 Hollins*
5. Full Name of Mother *Louise E. Gillers*
6. Mother's Maiden Name *Sheckels*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Norman W. Gillers*
9. Father's Occupation *Manufacturer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. R. McQueen*
- Address *1101 Linden*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 9835

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

15. Feb

4. Place of Birth (Street and Number),

Federal st near Huntington 2002

5. Full Name of Mother,

Emma Louis

6. Mother's Maiden Name,

Emma Hart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Louis

9. Father's Occupation,

Collector

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Magdelene Branes

Address,

1600 W. Chester

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 9834
Female

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

Col

3. Date of Birth,

Feb 15-1889

4. Place of Birth (Street and Number),

575 Orchard St

5. Full Name of Mother,

Fannie M Moore

6. Mother's Maiden Name,

Henrietta M. Washington

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Abner Moore

9. Father's Occupation,

Chorachman

10. Father's Birthplace,

Ill

Name of Medical Attendant, or other person who makes this Return.

Ellen Moore

Address,

1005 - 2 Hill Ave

Remarks,

City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A 9112*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb. 15th 89*

4. Place of Birth, (Street and Number) *600 Walker St*

5. Full Name of Mother, *Eliza Maddox*

6. Mother's Maiden Name, *"Ballo."*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return, *Joseph Blum*

Address, *641 Columbia St.*

Remarks, *Illegitimate Child. Did - know name of Father.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

The 2nd Child 9841
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 15 of February 1884
No 1028 Stillborn

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary A Harris
Wife of H. C. Hlick

6. Mother's Maiden Name,

7. Mother's Birthplace,

Littlesburg, Washington Co. Va.

8. Full Name of Father,

Frank A Harris

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. W. C. Lauer

Address,

No 1054 Harford Ave

Remarks,

Bal Md
18. 8. 9.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child A. 7542*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 15th*

4. Place of Birth (Street and Number), *404 Johnson St.*

5. Full Name of Mother, *Mellie Sadtler*

6. Mother's Maiden Name, *Mellie Sanks*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Sadtler*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Elielth Scarborough*

Address, *15 E Montgomery St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 9843

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Feb 16 1889

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

William Walker

6. Mother's Maiden Name.

Johnson

7. Mother's Birthplace,

8. Full Name of Father,

William Walker

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th* A 9844
- Sex, (State whether male or female) *male*
- Race or color, (if not of the white race) *white*
- Date of Birth. *Feb. 16, 1889*
- Place of Birth, (Street and Number) *2515 Lancaster St.*
- Full Name of Mother, *Augusta Shaffer*
- Mother's Maiden Name, *Augusta Volk*
- Mother's Birthplace, *Balto.*
- Full Name of Father, *John Shaffer*
- Father's Occupation, *Laborer*
- Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return. *Mary L. Drayton*
- Address, *721 Luzerne St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

✓ 2c A 9845

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

July 16. 1889

4. Place of Birth, (Street and Number)

631 W. Howard St.

5. Full Name of Mother,

Annie Pratt

6. Mother's Maiden Name,

" Russell

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Joseph Pratt

9. Father's Occupation,

Laboar

10. Father's Birthplace,

Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Thaddeus C. Pratt M.D.
714 N. Charles St. p. 213

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd Second.* *A 9846*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Feb 16. 1889.*
4. Place of Birth (Street and Number) *1417 Bolton st*
5. Full Name of Mother *Fallie Poole Brown*
6. Mother's Maiden Name *Fallie Poole*
7. Mother's Birthplace *Montgomery Co. Md.*
8. Full Name of Father *William T. Brown*
9. Father's Occupation *Marble Dealer &*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *C. F. Brown M.D.*
Address *807 Cathedral st*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

9847

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 16th

4. Place of Birth, (Street and Number)

839 Columbia Ave

5. Full Name of Mother,

Annie E. Pickett

6. Mother's Maiden Name,

Annie E. Greenwood

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Allen T. Pickett

9. Father's Occupation,

Mattress Maker

Father's Birthplace,

Virginia

Name of Medical Attendant,

or other person who makes this return.

Address,

Sheboygan Office

Remarks,

641 St. Paul St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Magdalene Mix

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 16th - 1889*

4. Place of Birth, (Street and Number) *630 Reoth St*

5. Full Name of Mother, *Annie Mix*

6. Mother's Maiden Name, *Annie Ouedengald*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Mix*

9. Father's Occupation, *Lawyer*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address, *Helligonda Oliver*

Remarks, *641 So. Brea St*

GIVEN NAME ADDED *1-18-54*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child - 9549
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Feb 16 1889.

4. Place of Birth, (Street and Number).....

1834 Light st

5. Full Name of Mother,.....

Lizzie Wieland.

6. Mother's Maiden Name,.....

Hendel.

7. Mother's Birthplace,.....

America.

8. Full Name of Father,.....

Fred Wieland.

9. Father's Occupation,.....

Black-smith.

● Father's Birthplace,.....

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser Midwife.

Address,.....

1032 Hanover st.

Remarks,.....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 9850
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16. 89.
4. Place of Birth, (Street and Number) 2079 Christian St.
5. Full Name of Mother, Ida Louisa Wise
6. Mother's Maiden Name, " Kelle
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Michael Wise
9. Father's Occupation, Labrer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Dr. Weller, M.D.
Address, 1729 N. Lombard St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 9851
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Febr 16 - 1889
4. Place of Birth, (Street and Number) 3043 E. 11th St.
5. Full Name of Mother, Roseanna Mc Clain
6. Mother's Maiden Name, O'Hara
7. Mother's Birthplace, Ireland
8. Full Name of Father, Chas. Wm. Jos. Mc Clain
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Balto. Md
- Name of Medical Attendant, P. G. Dausch M.D.
or other Person who makes this Return.
- Address,
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 9852

1. ☒ Male, (State whether male or female). Male

2. Race or color, (if not of the white race) col.

3. Date of Birth, Feb 16th 1889

4. Place of Birth, (Street and Number) * 211 S. Dallas St

5. Full Name of Mother, Rachel Moore

6. Mother's Maiden Name, Rachel Sanders

7. Mother's Birthplace, Dorchester Co M.D

8. Full Name of Father, Charles Moore

9. Father's Occupation, Labor

10. ☒ Father's Birthplace, St Michael M.D.

Name of Medical Attendant, or other person who makes this Return. Margreth Davis

Address, * 217 S Spring St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child* *A 9855*

1. Sex, (State whether male or female) *Boy.*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *17th of February, 1889.*

4. Place of Birth, (Street and Number) *2026 Lombard & Cassel St.*

5. Full Name of Mother, *Therese Benefeld.*

6. Mother's Maiden Name, *Therese Volk.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Charlie Volk.*

9. Father's Occupation, *Dwain Keeper.*

10. Mother's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return, *Geoscintin Kunkel.*

Address, *213 North Chapel St. per Justina Kunkel.*

Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child A. 9854
- Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, Feb 17th 1884
4. Place of Birth, (Street and Number) Fellows St in quaker Lane Balt^{as}
5. Full Name of Mother, Sarah Catherine Weaver
6. Mother's Maiden Name, Sarah Catherine Doughter
7. Mother's Birthplace, Sunbury Pa
8. Full Name of Father, George H Weaver
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return. Margaret Hinkel
- Address, Mount St in Valley St Balt City Md
- Remarks, _____

Any person or persons who will return fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- A 9853
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 Feb 1885
4. Place of Birth, (Street and Number) 949 Chester St
5. Full Name of Mother, Bertha Rehele
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, Satto Md
8. Full Name of Father, John Rehele
9. Father's Occupation, Laborer
10. Father's Birthplace, Corks Ireland
- Name of Medical Attendant, or other person who makes this Return, Mary Reptist
- Address, 207 W Washington St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{ed}* *A 9857*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *W*
3. Date of Birth, *17 Feb 1889*
4. Place of Birth, (Street and Number) *58 Carlton St*
5. Full Name of Mother, *Margie Dimler*
6. Mother's Maiden Name, *" " Schertel*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Andrew Dimler*
9. Father's Occupation, *Paper Carrier*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return. *M. A. Le May*
- Address,
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

A 9857
 The 2nd Child
 Female
 White
 Feb 17 of February 1889
 No 1459 Mull. Lane St
 Emma Kelling
 Mary Schmidt
 Baltimore Md
 Peter Kelling
 Betty Kelling
 Dr. J. A. Fisher
 No 1059 Maryland Ave
 Baltimore
 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A. 9558

1. Sex, (State whether male or female)

White Girl

2. Race or color, (if not of the white race)

White

3. Date of Birth,

17 Feb.

4. Place of Birth, (Street and Number)

No. 3177 Madriewalk

5. Full Name of Mother,

M. Connolly

6. Mother's Maiden Name,

M. Mc Donough

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Peter Connolly

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Marion S. Carter

Address,

241 S. E. Street

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First* *A9807*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb. 17 1889*
4. Place of Birth (Street and Number) *614 N. Caroline*
5. Full Name of Mother *Mrs. Thos. E. Daily*
6. Mother's Maiden Name *Clara Mitchell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas E. Daily*
9. Father's Occupation *Stonemason*
10. Father's Birthplace
- Name of Medical Attendant, ~~DR. J. H. H. H.~~ *Joseph T. Smith M.D.*
- Address *1010 Madison Ave.*
- Remarks

of the parents, and the maiden name of the mother of such child or children.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A 9860

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

W

3. Date of Birth,

Feb the 17. 1887

4. Place of Birth, (Street and Number)

Webster Village

5. Full Name of Mother,

L M Hausman

6. Mother's Maiden Name,

Rickerson

7. Mother's Birthplace,

Atlanta, Ga.

8. Full Name of Father,

Charles H Hausman

9. Father's Occupation,

Expressman

Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this return.

M A Ledger

Address,

1024 Lexington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Eugenia Barnwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. State whether male or female

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 17th 1889

4. Place of Birth, (Street and Number)

#347 N. Stricker St

5. Full Name of Mother,

J. E. Barnwell

6. Mother's Maiden Name,

Black

7. Mother's Birthplace,

Balto Co Md.

8. Full Name of Father,

J. T. Barnwell

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

John S. Huch

Address,

#644 N. Townsend St

Remarks,

OTHER PAGE ADDED *4-2-53*

L.M.

A 9861

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child A. 1882
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 17 — 1889.

4. Place of Birth, (Street and Number)

1231 Putapsico st.

5. Full Name of Mother,

Katie Eck.

6. Mother's Maiden Name,

Judd.

7. Mother's Birthplace,

America.

8. Full Name of Father,

August Eck.

9. Father's Occupation,

Plumber.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser. Midwife.

Address,

1032 Hanover st.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. Schild 1863

Sex, (State whether male or female)

Little Girl

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

Feb 18th 1859

4. Place of Birth, (Street and Number)

No. 2201. Christian Str

5. Full Name of Mother,

Lena Horn

6. Mother's Maiden Name,

Lena Heil

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Fred. Horn

9. Father's Occupation,

Butcher

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Mrs. Heiler

Address,

2127 West Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

Sex, (State whether male or female).

Little Boy

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

Feb 18th 1889

4. Place of Birth, (Street and Number)

Western Cemetery Lane

5. Full Name of Mother,

Louisa Brettschneider

6. Mother's Maiden Name,

Louisa Dornhoff.

7. Mother's Birthplace,

Schledhausen Germany

8. Full Name of Father,

Henry Brettschneider

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Braunschweig Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Heidler

Address,

2127 West Pratt Str

Remarks,

child to report the birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-11-38

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hester Truman Travers

A 9855

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (State whether male or female)

Female
White

2. Race or color, (if not of the white race)

April 18th 1889

3. Date of Birth,

924 N. Sticks
Sallia C. Travers

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

" " Truman
Dorchester C. W. A.

7. Mother's Birthplace,

8. Full Name of Father,

W. H. Travers
Sgt. Captain

9. Father's Occupation,

Dorchester C. W. A.
Threading Cable Works

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

914 N. Charles

Address,

Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 4855

- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 18th
4. Place of Birth, (Street and Number) 920 Forrest St.
5. Full Name of Mother, Mary ~~McIntosh~~ Collins
6. Mother's Maiden Name, Mary ~~Collins~~ Madden
7. Mother's Birthplace, County Galway Ireland
8. Full Name of Father, Thomas Collins
9. Father's Occupation, Laborer
- Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, L. W. Roeden
- Address, 936 Greenmount Ave.
- Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same of for each offence to be recovered as other fines and forfeitures are recoverable.

Missing [#]A 9867 - [#]A 9872, incl.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

A

987

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Feb. 18th 1899

4. Place of Birth, (Street and Number)

734 Madison Ave.

5. Full Name of Mother,

Agnes Estelle Bateman

6. Mother's Maiden Name,

Agnes Estelle Brashear

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. Mitchell Bateman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Amos T. Coyle, M.D.

Address,

1431 Linden Ave.

Remarks,

Missing [#]A 9874 - [#]A 9876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

Wilbur Miller Chalk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 10, 1889

4. Place of Birth (Street and Number)

1702 Lorman St

5. Full Name of Mother

Ruth Ann Chalk

6. Mother's Maiden Name

Ruth Ann Miller

7. Mother's Birthplace

Fredrick County

8. Full Name of Father

William A Chalk

9. Father's Occupation

Dairy Business

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. W. Bruch

Address

1603 Greenbury St

Remarks

Fine Healthy Child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Wilhelmina Kornmann Balt. Feb. 19. 1889.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Balt. Feb. 19. 1889.

4. Place of Birth, (Street and Number) 2231 Eastern Ave.

5. Full Name of Mother, Augusta Kornmann.

6. Mother's Maiden Name, Augusta Klemmer.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Henry Kornmann.

9. Father's Occupation, Shoe-Maker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend.

Address, 416 S. Wolfe St.

Remarks, CH. BIRTH NAME ADDED 1-4-54

L.M.

A9878 / 4878

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14- 9879
1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 14th February, 1889
 4. Place of Birth, (Street and Number) 26 Williams St extend
 5. Full Name of Mother, Mary Levering
 6. Mother's Maiden Name, Mary Hall
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Jesse L Levering
 9. Father's Occupation, Teamster
 10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A. 98/80

Sex, (~~state whether male or female~~)

Race or Color, (~~if not of the white race~~)

Date of Birth,

Feb. 17th 1887, 4:15 P.M.

Place of Birth, (Street and Number)

42 Albemarle St.

Full Name of Mother,

Elizabeth Ringes

Mother's Maiden Name,

" Stiehnner

Mother's Birthplace,

Germany

Full Name of Father,

Theodore R. Ringes

Father's Occupation,

Cabinet Maker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Alfred Theodor M.D.,
1102 E. Baltimore St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 9881

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

19th Feb. 1889

4. Place of Birth, (Street and Number)

410 Marion St. Balt.

5. Full Name of Mother,

Margaretta Handley

6. Mother's Maiden Name,

M. Unmuth

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas A. Handley

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Williams M.D.

Address,

284 Pearl St. Baltimore

Remarks,

or persons who shall hereafter shall pay with the printed above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Δ 9-8-82

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

19 Oct.

4. Place of Birth, (Street and Number)

No 1932 Bank St.

5. Full Name of Mother,

Augusta Miller

6. Mother's Maiden Name,

Augusta Mierger

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Adam Miller

9. Father's Occupation,

Shillman

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Kenneth A. Bertner

Address,

No 241 E. Chester

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 9883
 1. Sex (state whether male or female), Male
 2. Race or Color (if not of the white race), White
 3. Date of Birth, Feb. 19th '89
 4. Place of Birth (Street and Number), 927 Lemmon St.
 5. Full Name of Mother, Mary Hughes
 6. Mother's Maiden Name, "
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Patrick Hughes
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, F. B. Gardner
 Address, 424 N. Greene St.
 Remarks,

who shall forward and comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Raymond Barnes Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 9884
Male

☒ Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 19 - 89

4. Place of Birth, (Street and Number)

738 Emsor St

5. Full Name of Mother,

Lucy A. Wilson

6. Mother's Maiden Name,

" Thomas

7. Mother's Birthplace,

Va

8. Full Name of Father,

Raymond B. Wilson

9. Father's Occupation,

Sign Painter

10. Father's Birthplace,

Ohio

☒ Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

913 Mc Donough St

Remarks,

GIVEN NAME ADDED,

8-18-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3^d) Ag 1885
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19th, 1889
4. Place of Birth, (Street and Number) 5-73 Laurens St.
5. Full Name of Mother, Nellie Mathile Besselievre
6. Mother's Maiden Name, Ecker
7. Mother's Birthplace, Philadelphia, Penna.
8. Full Name of Father, Phil. Sidney Besselievre
9. Father's Occupation, Draughtsman
10. Father's Birthplace, Philadelphia Penna.
- Name of Medical Attendant, or other Person who makes this Return John W. Knight M.D.
- Address, 414 N. Greene
- Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A g 55

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

February 19 - 89

4. Place of Birth, (Street and Number)

917 Madison St.

5. Full Name of Mother,

Lucy Valz

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Amherst Michigan

8. Full Name of Father,

Charles McEllister

9. Father's Occupation,

Gravestone

Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other person who makes this Return.

Dr. G. M. W. M.D.

Address,

4 Dr. E. J. St.

Remarks,

one hand contains only 2 fingers (winded) & thumb, other 3 fingers (winded) & thumb - right foot too sore with yellow joint above ankle, left foot 2 toes only 28.00

Fee of 10 cents for each return, to be returned as other fees and forfeitures are received.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A. 9887

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 19th

4. Place of Birth, (Street and Number)

600 W. Fremont St

5. Full Name of Mother,

Elizabeth Reitz

6. Mother's Maiden Name,

Elizabeth Luenzberg

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Reitz

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Hellegond Oliver

Remarks,

641 W. Paca St.

One **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Full name of child - *Anthony Joseph Daley*

A. 9/8/88

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

February 26th, 1880.

4. Place of Birth (Street and Number)

643 Constitution St.

5. Full Name of Mother

Maggie (Daley) Daley

6. Mother's Maiden Name

" Kelly.

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Patrick (Daley) Daley

9. Father's Occupation

Saloonkeeper

Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Dr. M. C. Clark, Jr., 112 Park Ave.

Address

was in labor about 16 hours, when confined to delivery.

Remarks

*seemingly to allow the head to escape. Delivery - no complications - forceps applied - child delivered. On exam-
 again applied forceps - another child's head present -
 removed - delivery a second time - both 7"
 - children both strong & well. 25th*

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A. 9 8 34*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Feb the 20th 1859*

4. Place of Birth, (Street and Number) *Mary St. No 25*

5. Full Name of Mother, *Deborah E. Russell*

6. Mother's Maiden Name, *Harrison*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James H. Russell*

9. Father's Occupation, *Bookster*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, *Dr. A. Sedley*
or other person who makes this Return.

Address, *1004 West Lexington St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

6111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Name of child, *James William Guy*
2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* A 9840
3. Sex (state whether male or female) *Male*
4. Race or Color (if not of the white race) *White*
5. Date of Birth *Feb. 20.*
6. Place of Birth (Street and Number) *No. 10 N. Bond St.*
7. Full Name of Mother *Ellen Lavinia Guy*
8. Mother's Maiden Name *Garrett*
9. Mother's Birthplace *Baltimore*
10. Full Name of Father *Am. Guy Jr.*
11. Father's Occupation *Clerk*
12. Father's Birthplace *Baltimore*
13. Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane Guy*
14. Address *# 208 N. Bond St.*
15. Remarks *A fine healthy baby*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

Sex, (state whether male or female) female

2. Race or color, (if not of the white race) White

3. Date of Birth, 20 February

4. Place of Birth, (Street and Number) 816 Luzerne St

5. Full Name of Mother, Anna Caffee

6. Mother's Maiden Name, Meiss

7. Mother's Birthplace, Schocken Posen (Prussia)

8. Full Name of Father, Jacob Caffee

9. Father's Occupation, Labeler

10. Father's Birthplace, Schocken

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St

Remarks,

any such person or persons who shall neglect to file this return, shall be deemed to have committed an offence, and shall be liable to be removed from the office of Registrar of Vital Statistics, and shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered by the City of Baltimore, and the same shall be recoverable by the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First - 1892
Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 20 - 89

4. Place of Birth, (Street and Number)

1728 E. Eager St

5. Full Name of Mother,

Annie Pridgeon

6. Mother's Maiden Name,

" Rooney

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Albert Pridgeon

9. Father's Occupation,

Bookfinder

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 W. Donogh St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

9893

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 20th February

4. Place of Birth, (Street and Number) 14 14 Canton St

5. Full Name of Mother, Mary Gorchboth

6. Mother's Maiden Name, Trach

7. Mother's Birthplace, Eisenach

8. Full Name of Father, Hennry Gorchboth

9. Father's Occupation, Dreher

10. Father's Birthplace, Eisenach

Name of Medical Attendant, or other Person who makes this Return. Mr. Schumann

Address, No. 327 E. Bondstreet

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

20 Feb 1899

4. Place of Birth (Street and Number)

752 Waverly

5. Full Name of Mother

Annie C Davis

6. Mother's Maiden Name

Annie Sedgwick

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

William C Davis

9. Father's Occupation

Waiter

10. Father's Birthplace

Hampton Va

Name of Medical Attendant, or other Person who makes the report

Mrs Margaret Galster
1331 Shields

Address

Remarks

Good Healthy Baby

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 9893

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb - 21st

4. Place of Birth, (Street and Number)

890 W Baltimore St

5. Full Name of Mother,

Anna George

6. Mother's Maiden Name,

Anna Birman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Francis J. George

9. Father's Occupation,

House Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Hellenyonda Shifer

Address,

Remarks,

641 So Peace St

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered at other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-24-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elsie Lee Jones*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A 9497*
 Sex, (State whether male or female) *Female*
 Race or color, (if not of the white race) *White*
 Date of Birth. *Feb 21th 1889*
 Place of Birth. (Street and Number) *Jefferson St & Waverly Baltimore Md*
 Full Name of Mother. *Annie M. Jones*
 Mother's Maiden Name, *" " Cook*
 Mother's Birthplace, *Towson town Balto Md*
 Full Name of Father, *Thomas C. Jones*
 Father's Occupation, *Painter*
 Father's Birthplace, *Frederic Co Md*
 Name of Medical Attendant, or other person who makes this Return. *Mrs R. Barry*
 Address, *55 St Louis Avenue*
 Remarks, *Mother in good health*

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

32 A 9898

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 21 - 1889

4. Place of Birth, (Street and Number)

1832 N Calvert St

5. Full Name of Mother,

Emma A. Ward

6. Mother's Maiden Name,

Albert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. F. Ward

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr W. R. Mayan

Address,

315 N Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A 9899
77

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb. 21st 1889

4. Place of Birth, (Street and Number)

1614 Marshall St

5. Full Name of Mother,

Jane Baker

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Louis Delige

9. Father's Occupation,

Iron worker

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Groscup

Address,

1614 Marshall St

Remarks,

All doing well

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* A 4900

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *27 of February*

4. Place of Birth, (Street and Number) *612 Eose St.*

5. Full Name of Mother, *Eva Backer*

6. Mother's Maiden Name, *Vanderan*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Philip Backer*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. G. Weiss*

Address, *252 Lancaster St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child 11/01

Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

Feb 21st 1889

4. Place of Birth, (Street and Number)

112 120. Payson Str

5. Full Name of Mother,

A. Batger

6. Mother's Maiden Name,

A. Breinen

7. Mother's Birthplace,

Westphalissen Germany

8. Full Name of Father,

John Batger

9. Father's Occupation,

Schoe Maker

Father's Birthplace,

Westphalissen Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2122 West Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14 2d* *A 9902*
1. Sex, (state whether male or female) *female child*
2. Race or color, (if not of the white race) *color*
3. Date of Birth, *febr 4. 21*
4. Place of Birth, (Street and Number) *414 register st*
5. Full Name of Mother, *Lizza G Webb*
6. Mother's Maiden Name, *Lizza COMBISHED.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William T Webb*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Calion County*
11. Name of Medical Attendant, or other person who makes this Return, *darkey C Tomlin.*
- Address, *no 142 East Street*
- Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A 9903*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 21st 1889*

4. Place of Birth, (Street and Number) *320 Burchland St*

5. Full Name of Mother, *Mary C. Mackall*

6. Mother's Maiden Name, *Mary C. Mathews*

7. Mother's Birthplace, *West River An Co Md.*

8. Full Name of Father, *Thomas D Mackall*

9. Father's Occupation, *Water*

10. Father's Birthplace, *Calverish Co Md*

Name of Medical Attendant, or other person who makes this Return, *Jane D Foster*

Address, *10 Hamilton St*

Remarks,

any such person or persons who shall regularly or irregularly receive any fee or gratuity for the preparation of this return, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 9914

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

22^d February

4. Place of Birth (Street and Number),

560 Prestutaw St.

5. Full Name of Mother,

Cora Quark

6. Mother's Maiden Name,

Medding

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Percy Quark

9. Father's Occupation,

Merchant

10. Father's Birthplace,

South Africa

Name of Medical Attendant, or other person who makes this Return.

H. W. Wilson

Address,

1008 Madison Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st* A 9965
- Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *22 Feb. 1889*
4. Place of Birth, (Street and Number) *Hill Street No. 11*
5. Full Name of Mother, *Lifra Palst*
6. Mother's Maiden Name, *Kufman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Isid Palst*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Harriene Shroy Ford Street 1889*
- Address, *Harriene Shroy Ford Street 1889*
- Remarks,

jected to the fine of ten (10) dollars for each failure to be returned in duplicate and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A. 9905

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race).

Colored

3. Date of Birth,

February 22

4. Place of Birth, (Street and Number)

1110 Howard st

5. Full Name of Mother,

Lissy Jackson

6. Mother's Maiden Name,

Lissyanner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ellickanner

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Marrah Jane Wilson 115

Address,

Shurey st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1st

A. 9907

2. *Sex, (State whether male or female)*

female

3. *Race or color, (if not of the white race)*

Colored

4. *Date of Birth,*

Feb. 22, 1889

5. *Place of Birth, (Street and Number)*

120 Harris Alley

6. *Full Name of Mother,*

Sarah Miller

7. *Mother's Maiden Name,*

Sarah Mitchell

8. *Mother's Birthplace,*

Balto.

9. *Full Name of Father,*

Ambrose Miller

10. *Father's Occupation,*

Laborer

11. *Father's Birthplace,*

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary L. Sympson

Address,

711 Superior St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd



11769

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Col

3. Date of Birth,

June 23rd

1435 D'Arcy Ave

4. Place of Birth (Street and Number),

1435 D'Arcy Ave

5. Full Name of Mother,

Elizabeth Mitchell

6. Mother's Maiden Name,

r

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Edwin Mitchell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Ellen Moore

Address,

1005 D'Arcy Ave

Remarks,

City

GIVEN NAME ADDED 3-30-60
 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Eliza McGowan

A. 9410

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Feb. 23^d 1889.

No 1720 E Madison,

Rosa E McGowan,

" " Gage,

Baltimore

William D McGowan,

Telegrapher,

Illinois

*J Redgway Andreu & Co
 1123 E Baltimore St*

RECEIVED FEB 27 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected in the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th* A. 9911
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Oct Feb 23^d 1889*
 4. Place of Birth, (Street and Number) *No 2236 Frederick Ave*
 5. Full Name of Mother, *Anna Schafer*
 6. Mother's Maiden Name, *Anna Boes*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *George Schafer*
 9. Father's Occupation, *Grocery*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *Catherine Nell*
 Address, *No 349 Bentator St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth A 9912

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 23 - 89

4. Place of Birth, (Street and Number)

1338 N. Washington

5. Full Name of Mother,

Kate Mersman

6. Mother's Maiden Name,

" Holy City

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Frederick Mersman

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return,

Mrs. Mary A. Allwell

Address,

912 W. L. Donogh St

Remarks,

ected to the fine of ten dollars for each offense, to be recovered as other 40% and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. Child **A** 49/3
Little Girl

1. Sex, (State whether male or female)

White Race

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 23rd 1899

4. Place of Birth, (Street and Number)

N. 2145 Vine Str

5. Full Name of Mother,

Mary Kinsey

6. Mother's Maiden Name,

Mary Casey

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

William C. Kinsey

9. Father's Occupation,

Polacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 West Pratt Str

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

GIVEN NAME ADDED 9-29-58
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Edna Schaefer
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child A 9914*
Little Girl
White Race
 Date of Birth, *Feb 23rd 1889*
 Place of Birth, (Street and Number) *No 2127 N. E. Henry Str*
 Full Name of Mother, *Kate Schaefer*
 Mother's Maiden Name, *Kate Ouel*
 Mother's Birthplace, *Edlicotts City*
 Full Name of Father, *John E Schaefer*
 Father's Occupation, *Butcher*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Heiler*
 Address, *2127 West Pratt Str*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Balto Feb 26, 1859*

4. Place of Birth, (Street and Number) *407 S. Washington St,*

5. Full Name of Mother, *Mary Rieckby*

6. Mother's Maiden Name, *Mary Amend*

7. Mother's Birthplace, *Amosia*

8. Full Name of Father, *Frederick Rieckby*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other person who makes this Return.

Address, *410 S. Wolfe St*

Remarks, *217*

Balto Feb 26, 1859

A 9915

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8

A. 99 16

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

Date of Birth,

February 24

Place of Birth, (Street and Number)

Durham Street 210

Full Name of Mother,

Kunigunda Gackaeng

Mother's Maiden Name,

Kunigunda Dochner

Mother's Birthplace,

Baltimore, Md

Full Name of Father,

Anton B. Gackaeng

Father's Occupation,

Blacksmith

Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return

Ellen Smith

Address,

1913 Eastern ave City

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* - *A 9917*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *January 24th*
4. Place of Birth (Street and Number), *1226 Carlton St.*
5. Full Name of Mother, *Josephine*
6. Mother's Maiden Name, *Joseph Brown*
7. Mother's Birthplace, *Centerville Eastern Shore Md.*
8. Full Name of Father, *Frank Garrison*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Howard County*
Name of Medical Attendant, or other person who makes this Return, *Harold Jones*
Address, *1337 Whitcomb St.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 24th 59

4. Place of Birth, (Street and Number)

203 Lincoln St.

5. Full Name of Mother,

Mrs. Mary Pantack

6. Mother's Maiden Name,

" Hemmigan

7. Mother's Birthplace,

Balto., Md.

8. Full Name of Father,

Andrew Pantack

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Balto., Md.

Name of Medical Attendant, or other person who makes this Return.

E. B. Ullrich M.D.

Address,

Pratt & Stricker Sts.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as provided in the City Charter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. *Child of Mother, (state whether 1st, 2d, 3d, &c.)*

♂ ad. A. 9917
Male

1. Sex, (State whether male or female)

Hate

2. Race or color, (if not of the white race)

White

3. *Date of Birth,*

February 24th / 889

4. *Place of Birth, (Street and Number)*

Hall St do 1244

5. Full Name of Mother.

Anna F. Jones.

6. *Mother's Maiden Name.*

china Mo Kell

7. *Mother's Birthplace,*

Island

8. *Full Name of Father,*...

Patrick Flynn

Father's Occupation.

La. bear

10. *Father's Birthplace.*

Ireland

Name of Medical Attendant, or other person who makes this Return.

Julius Ettel

Address,

1619. Cuba I.

Remarks, Daniel Flynn

Undertaken 42. E. West H-

RETURN OF A BIRTH ^{A9920}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st} A. 9920

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Negro

3. Date of Birth, Nov. 24th 1899

4. Place of Birth (Street and Number), 649 Chestnut St.

5. Full Name of Mother, Emma Bryan

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Balto. City

8. Full Name of Father, William Bryan

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, F. B. Gantner
or other person who makes this Return.

Address, 424 N. Greene St.

Remarks,

Persons who are in the possession of such child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th* A. 9921
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb 24th 1889*
 4. Place of Birth, (Street and Number) *#134 N. Lombard St.*
 5. Full Name of Mother, *Annie Radigan*
 6. Mother's Maiden Name, *" Doyle*
 7. Mother's Birthplace, *Balto Md.*
 8. Full Name of Father, *James Radigan*
 9. Father's Occupation, *Ship Churner & Clerk*
 10. Father's Birthplace, *Balto Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Denis Hollomon*
 Address, *41638 Hollomon St*
 Remarks, *Lived but a short time.*

ected to the fine of ten 100 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

7922

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) African

3. Date of Birth, Feb 24

4. Place of Birth, (Street and Number) 534 St Mary St

5. Full Name of Mother, Annie Collins

6. Mother's Maiden Name, " Nash

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas. Collins

9. Father's Occupation, Porter

10. Father's Birthplace, Balto

Name of Medical Attendant, ~~John J. H. H. H.~~ P. Kintzing, M.D.

Address, 601 W. Franklin St.,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child A. 9925*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Child*
3. Date of Birth, *Feb 24th 1889*
4. Place of Birth, (Street and Number) *Mount St. Ann Valley*
5. Full Name of Mother, *Florence Young*
6. Mother's Maiden Name, *Florence Riley*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Samuel Young*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *Margaret Shinkler*
- Address, *Mount St. Ann Valley St. Balt. City Md*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

A 99211

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 24 1889

4. Place of Birth (Street and Number) No 809 Dundhill Ave

5. Full Name of Mother Lucie Kulich.

6. Mother's Maiden Name Lucie Hallt

7. Mother's Birthplace in Hagerstown.

8. Full Name of Father John Kulich.

9. Father's Occupation Laborer.

10. Father's Birthplace in Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theres Heller No 538. Rutledge St. Hy.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A 9425
 2. Sex, (State whether male or female) Girl
 3. Race or color, (if not of the white race) White
 4. Date of Birth. 25th of February 1889.
 5. Place of Birth. (Street and Number) Cor. Meeting & Port. Street
 6. Full Name of Mother. Barbara Vogel.
 7. Mother's Maiden Name. Barbara Vogel.
 8. Mother's Birthplace. Germany.
 9. Full Name of Father. Phillip Vogel.
 10. Father's Occupation. Basket maker.
 11. Father's Birthplace. Germany.
 Name of Medical Attendant, or other person who makes this Return. Lucinda Kunkel
 Address. 213 North Chapel St. for Justice Kunkel
 Remarks. Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall heretofore fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 9925

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb 25

1889

4. Place of Birth, (Street and Number)

No 1400 N. Charles St.

5. Full Name of Mother,

Kate Harrington

6. Mother's Maiden Name,

Kate Otto

7. Mother's Birthplace,

Baltimore city md

8. Full Name of Father,

Thomas J. Harrington

9. Father's Occupation,

Store Keeping

Father's Birthplace,

Dorchester md

Name of Medical Attendant, or other person who makes this Return.

Dr. Hinton

Address,

No 14 West Barney Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st (first) 11/7

1. Sex, (State whether male or female)

~~Female~~ Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 25th 1889

4. Place of Birth, (Street and Number)

326 - E - Lawale St.

5. Full Name of Mother,

Reba Sherwood Porterfield

6. Mother's Maiden Name,

Reba Sherwood Fiddeman

7. Mother's Birthplace,

St Michaels - Talbot Co Md.

8. Full Name of Father,

Mr Alex Porterfield

9. Father's Occupation,

Telegrapher

Father's Birthplace,

Williamsport Md

Name of Medical Attendant, or other person who makes this Return.

Robt T Wilson

Address,

814 + 820 Park Ave

Remarks,

See that the time of day and date are correctly entered, and that the names are legible.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female 6th 9928

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 25th 1889

4. Place of Birth, (Street and Number)

652 Columbia ave

5. Full Name of Mother,

Wilhelmina Loeschke

6. Mother's Maiden Name,

W. Bucke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul Richard Loeschke

9. Father's Occupation,

Gold & Silver Worker

10. Father's Birthplace,

Dresden Saxonia

Name of Medical Attendant, or other person who makes this Return.

Mrs W. Maemel Widwife

Address,

923 Penna ave

Remarks,

any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

A.

9929

Sex, (state whether male or female)

Emma Female

2. Race or Color, (if not of the white race)

A.D. 7/6/20

3. Date of Birth,

25 Febr

4. Place of Birth, (Street and Number)

645 N. Fayette St.

5. Full Name of Mother,

Edith Reiterstein

6. Mother's Maiden Name,

" " Krigerstein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred Reiterstein

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Mrs. W. M. Mearns Midwife

Address,

920 Pennsylvania

Remarks,

Fred Reiterstein

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 4th A. 9930

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 25th 1889

4. Place of Birth, (Street and Number)

Caroline st.

5. Full Name of Mother, Laura Buck

6. Mother's Maiden Name,

" Manly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Buck

9. Father's Occupation, Saloon-keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 9931
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 25th 1889
4. Place of Birth, (Street and Number) 809 N. Front St.
5. Full Name of Mother, Johanna Fitzgerald
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fitzgerald
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein
- Address, 122 S. Euter 45!
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 9932

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. Lombard & Dallas sts. Feb. 25th 1897

4. Place of Birth, (Street and Number) Nov. Lombard & Dallas sts.

5. Full Name of Mother, Jennie Kaplan

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Moses Kaplan

9. Father's Occupation, Labourer

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Bernstein

Address, 122 S. Exeter st.

Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

A. 9933

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb. 26th 1888

4. Place of Birth, (Street and Number)

2307 Fairmont Ave.

5. Full Name of Mother,

Emma Montgomery

6. Mother's Maiden Name,

" James

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

L. Montgomery

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Mary Miller

Address,

303 E. Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st A-97311
Male
Colored
Feb. 26th 1888
421. N. Spring
A. C. Taylor
" " Nett.
Baltimore
A. Taylor
Clerk
Baltimore
Harry Walter
313 N. Carbon

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- 5th child* *A 9935*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 26th 89*
4. Place of Birth, (Street and Number) *No. 210 W. Poppleton St.*
5. Full Name of Mother, *Emma Sellers Fowler*
6. Mother's Maiden Name, *Emma Sellers*
7. Mother's Birthplace, *Boston*
8. Full Name of Father, *Reese Fowler*
9. Father's Occupation, *Plasterer*
10. Father's Birthplace, *Wiscy land*
- Name of Medical Attendant, or other Person who makes this Return *Robert H. Mciffline M.D.*
- Address, *321 N. Paca St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert J Sauters

6. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 4936*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Tuesday Feb 26th 1889*

4. Place of Birth, (Street and Number) *No 326 Furrow St*

5. Full Name of Mother, *Little Powers*

6. Mother's Maiden Name, *Little Hoffman*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Sauters*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Catherine Hall*

Address, *No 349 Benlate St*

Remarks, *SEX NAME ADDED. 5-18-54*

L.M.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Female

White

Feb 26 1889

603 Madison 4th Ward -

Eleanor M. Hornill

Helenor

Balt-

Charles M. Hornill

Agent -

Balt.

David Mottell

400 N. Center -

A. 9.9.37

RETURN OF
Office of Registrar of Vital Statistics,

of Mother, (state whether 1st, 2d, 3d, &c.)

whether male or female)

color, (if not of the white race)

Birth,

Birth, (Street and Number)

me of Mother,

Maiden Name,

Birth place,

me of Father,

Occupation,

Birthplace,

Medical Attendant,

or other person who
makes this Return.

11 20
Mrs

Pratt

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.* *9/13/35.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *February 27th, 1935.*

4. Place of Birth, (Street and Number) *6 St. Enoch St.*

5. Full Name of Mother, *Mary E. Johnson*

6. Mother's Maiden Name, *Mary E. Collins*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *William Johnson*

9. Father's Occupation, *Clothing Cutter.*

10. Father's Birthplace, *Annapolis, Md.*

Name of Medical Attendant, or other Person who makes this Return, *H. C. Philp, M.D.*

Address, *1120 N. Fayette St. W. Carrollton Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth A 9939

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 27-89

4. Place of Birth, (Street and Number)

1103 N. Wolfe St

5. Full Name of Mother,

Frances A. Steelberg

6. Mother's Maiden Name,

" " Spence

7. Mother's Birthplace,

Me

8. Full Name of Father,

John. Steelberg

9. Father's Occupation,

Bricklayer

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

Jeeted to the fine of ten r10 dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

A. 9940

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

February 28th 1889

4. Place of Birth, (Street and Number)

Carish st 317

5. Full Name of Mother,

Johanna Mahoney

6. Mother's Maiden Name,

Johanna Herby

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Mahoney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs. S. Killeg

Address,

2022 Wilkens Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 9441
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb'y 28 1889
4. Place of Birth (Street and Number), 35 W North Ave
5. Full Name of Mother, Mabel H Gehlman
6. Mother's Maiden Name, Mabel Kamm
7. Mother's Birthplace, Boston Mass
8. Full Name of Father, Mesley Starr Gehlman
9. Father's Occupation, Lawyer
10. Father's Birthplace, Ind
Name of Medical Attendant, or other person who makes this Return. C. B. Chambers M.D.
Address, 725 Cathedral St
Remarks,

For each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

2. 1. 9942
Male

1889.

1639 Barnes

Marie Stoun

" " Tyrik

Bohemia

Walej Stoun

Tailor

Bohemia

Josephine Conrad

1621 Barnes St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child* *A. 9943*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 28th 1889*

4. Place of Birth, (Street and Number) *S. Dallas St No 507*

5. Full Name of Mother, *Barbara Schmidt*

6. Mother's Maiden Name, *Barbara Kaiser*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Schmidt*

9. Father's Occupation, *Engineer*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *Mary S. Miller*

Address, *N. Dallas St No 114*

Remarks,

jected to the fine of ten (10) dollars for each offense to be levied as follows: and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

A. 9974

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 February

4. Place of Birth, (Street and Number)

1426 Canton avenue

5. Full Name of Mother,

Mary Thoreau

6. Mother's Maiden Name,

M. Geo

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Thoreau

9. Father's Occupation,

Resturant

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Granby Street

Remarks,

When a person is born, the mother and father, or other person who makes this Return, shall be liable to a fine of ten dollars for each offense, to be recovered in civil suit, and such person shall be liable to a fine of ten dollars for each offense, to be recovered in civil suit, and such person shall be liable to a fine of ten dollars for each offense, to be recovered in civil suit.

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 9945

1. Child of Mother, (state whether ~~male~~ or female)
2. Sex, (state whether ~~male~~ or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, 28th
5. Place of Birth, (Street and Number) 131. W. Carroll St.
6. Full Name of Mother, Lena Brown
7. Mother's Maiden Name, Jones
8. Full Name of Father, Charles Brown
9. Father's Occupation, Baltimore Md.
10. Name of Medical Attendant, Baltimore Md.
- Address, 800 Camden St.
- Remarks, 7th March

Printed and Published by the Board of Health, Baltimore City.

© 1914

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

2nd

A. 9945

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th of February

4. Place of Birth, (Street and Number)

131. W. Cross St.

5. Full Name of Mother,

Lena Krauss.

6. Mother's Maiden Name,

Lena Fritz.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Chas. F. Krauss.

9. Father's Occupation,

Cooper.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Dr. Henry W. W. W.

Address,

800 Endicott St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 4916*
 Sex, (state whether male or female) *Male*
 2. Race or color, (if not of the white race) *Colored*
 3. Date of Birth, *February 28th 1889*
 4. Place of Birth, (Street and Number) *No 105 E. Hamilton St*
 5. Full Name of Mother, *Lizzie Jackson*
 6. Mother's Maiden Name, *" Purnell*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Andrew A. Jackson*
 9. Father's Occupation, *Waiter*
 10. Father's Birthplace, *Petersburg Va*
 Name of Medical Attendant, or other person who makes this return, *Amelia Johnson*
 Address, *No 1024 Park Ave*
 Remarks,

For every return of a birth which is not made in conformity with the provisions of this section shall be subjected to the fine of ten dollars for each omission to be recovered as other birth and marriage are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **2**

A. 9947

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

February 28

4. Place of Birth, (Street and Number)

No 9 Shurey street

5. Full Name of Mother,

Marion Baker

6. Mother's Maiden Name,

Marion Curry

7. Mother's Birthplace,

Tolbert County

8. Full Name of Father,

William Curry

9. Father's Occupation,

labour

10. Father's Birthplace,

Tolbert County

Name of Medical Attendant, or other person who makes this return.

Carroll Jane Wilson

Address,

115 Shurey street

Remarks,

any such person or persons, who shall be convicted of this offence, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

PRINTED AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1- A 9915

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth Feb 28-89-

4. Place of Birth, (Street and Number) 1806 E. Egan

5. Full Name of Mother, Kate Porter

6. Mother's Maiden Name, Nichols -

7. Mother's Birthplace, Md -

8. Full Name of Father, Chas W Porter -

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. H. H. H.

Address, 1207 E. Monument

Remarks, _____

Birth of every child be in attendance upon the mother, immediately after the birth, to the Commissioner of Health, in the manner and to the persons who shall hereafter fall to comply with the provisions of this Act, shall be subject to the fine of \$100 for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 9949

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

colored

3. Date of Birth,

Feb. 28th

4. Place of Birth, (Street and Number)

614 E. E. Lane

5. Full Name of Mother,

Sabra Pinder

6. Mother's Maiden Name,

" Francis

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John W. Pinder

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

C. L. Brundage

Address,

418 S. P. St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 9950
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Febr. 28 "89
 4. Place of Birth, (Street and Number) 622 W. Lombard St. (Block 1)
 5. Full Name of Mother, Celia Gorsuch
 6. Mother's Maiden Name, " "
 7. Mother's Birthplace, Maryland
 8. Full Name of Father, Not Known
 9. Father's Occupation, " "
 10. Father's Birthplace, " "
 Name of Medical Attendant, or other person who makes this Return, L. E. Seale M.D.
 Address, 319 W. Monumental St.
 Remarks,

any person who furnishes false information, or who fails to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* *A. 9957*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race)
- Date of Birth, *Feb 28 - 1889*
- Place of Birth, (Street and Number) *517 S. Ann St.*
- Full Name of Mother, *Anni Ruly*
- Mother's Maiden Name, *Buener*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Stephen P. Ruly*
- Father's Occupation, *Laborer*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mary Klein*
- Address, *1427 E. Pratt St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9955
The 2 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 28 of February 1889

4. Place of Birth, (Street and Number)

No 1046 Highgate St

5. Full Name of Mother,

Mary Francis Westwood

6. Mother's Maiden Name,

Mary Francis Douglas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank James Eastwood

9. Father's Occupation,

Milk Dairy

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Ch. Lewis

Address,

No 1454 Highgate St

Remarks,

Bal Md

1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

A. 4953

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 28th 1889

4. Place of Birth, (Street and Number)

Balt. Bank St 271. South

5. Full Name of Mother,

Frances Henderson

6. Mother's Maiden Name,

Sinclair

7. Mother's Birthplace,

Balt

8. Full Name of Father,

John Henderson

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

Mrs. H. King Lee

Address,

1529 E. Pratt St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other times and inures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 9957

1. Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Feb 28 1889

4. Place of Birth, (Street and Number)

1029 Hubal St

5. Full Name of Mother,

Mary Toole

6. Mother's Maiden Name,

Mary Dour

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Toole

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs. Eitel

Address,

No 1619 Hubal St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name ————— *Solomon*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* **A.** *9953*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Jewish*

3. Date of Birth, *2 Feb., 1889*

4. Place of Birth, (Street and Number) *513 Arquith St*

5. Full Name of Mother, *Rachel Graham*

6. Mother's Maiden Name, *Cohn*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Jacob Graham*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Dorcas Alden*

Address, *1909 Ballland St*

Remarks, **GIVEN NAME ADDED** *4-19-54*

L.M.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child A. 9958

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

3-3-18

4. Place of Birth, (Street and Number)

323

South Talbot

5. Full Name of Mother,

Luisia Breckner

6. Mother's Maiden Name,

himmans

7. Mother's Birthplace,

8. Full Name of Father,

Rudolf Breckner

9. Father's Occupation,

Barman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

335

Remarks,

Healthy Child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A 9957

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

white

Date of Birth,

Feb 3rd 1889

Place of Birth, (Street and Number)

2 Kaufman St

Full Name of Mother,

Lena Ogden

Mother's Maiden Name,

Lena Ellerton

Mother's Birthplace,

Baltimore

Full Name of Father,

Wm Ogden

Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm H Carter

Address,

1800 N. Baltimore St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to thirty dollars for each offence, to be recovered as damages and infirmities are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

9958

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Decy 4th 1889

4. Place of Birth, (Street and Number)

1434 Hanover St

5. Full Name of Mother,

Margaret Gibson

6. Mother's Maiden Name,

" Mulligan

7. Mother's Birthplace,

City

8. Full Name of Father,

Thos. Gibson

9. Father's Occupation,

Satmr

Father's Birthplace,

I.C. / Bench Ind

Name of Medical Attendant, or other person who makes this Return.

571 Hanover St

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, (cc.) *John Joseph Evoy* 3^d A. 9957

Sex, (state whether male or female) *Male*

Race or color, (if not of the white race) *White*

Date of Birth, *February 4th, 1889.*

Place of Birth, (Street and Number) *310 Tenille St.*

Full Name of Mother, *Laura Evoy*

Mother's Maiden Name, *"Guistoni"*

Mother's Birthplace, *Md.*

Full Name of Father, *Joseph T. Evoy*

Father's Occupation, *car driver*

Father's Birthplace, *Md.*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*

Address, *295 Chestnut Ave. Balto.*

Remarks, *GIVEN NAME ADDED 1-14-54*

h.m.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* A 9950

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *African (Black)*

3. Date of Birth, *February 5th 1889*

4. Place of Birth, (Street and Number) *727 H. Chappel St.*

5. Full Name of Mother, *Sarah Bruce Bruce*

6. Mother's Maiden Name, *Sarah Bruce*

7. Mother's Birthplace, *Baltimore City Maryland*

8. Full Name of Father, *John Bruce*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *A. John Davis*

Address, *235 H. Chappel St.*

Remarks, *Natural delivery*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A-9961
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 1st Feb. 1891
4. Place of Birth (Street and Number), Carroll St. Apt. 246.
5. Full Name of Mother, Rosa Schneider
6. Mother's Maiden Name, Rosa Schneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Schneider
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Magdalene B. B.
- Address, 1600 N. E. St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Helen Farrell A. 9902*

Sex (state whether male or female), *female.*

2. Race or Color (if not of the white race), *white.*

3. Date of Birth, *5th Feb - 1889*

4. Place of Birth (Street and Number), *432. Front St.*

5. Full Name of Mother, *P. Farrell.*

6. Mother's Maiden Name, *P. McCarroll.*

7. Mother's Birthplace, *Ireland.*

8. Full Name of Father, *T. Farrell.*

9. Father's Occupation, *Calenderer.*

10. Father's Birthplace, *Ireland.*

Name of Medical Attendant, or other person who makes this Return. *Mrs. J. Berth K. K. K.*

Address, *907. N. Hollen St.*

Remarks, **OTHER NAME ADDED.** *9-21 - 53*

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - *Henry Friederick*

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

A 9963

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *6 February - 1889*

4. Place of Birth, (Street and Number) *1109 South Packer St.*

5. Full Name of Mother, *Elizabeth Hermann.*

6. Mother's Maiden Name, *Elizabeth Deffenhall.*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Friederick Moritz Hermann.*

9. Father's Occupation, *Janitor.*

Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return.

Mrs. Minich.

Address,

800 Camdenhall St.

Remarks,

GIVEN NAME ADDED *2-10-54*

H.M.

ected to the fine of ten dollars for each offense, to be recovered of either party and forfeitures are recoverable,

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 9964

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Feb 1888

4. Place of Birth, (Street and Number) 931 of Chapple St

5. Full Name of Mother, Mary Kinchen

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Kinchen

9. Father's Occupation, Typist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Keptis

Address, 207 of Washington St

Remarks,

only such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense. To be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Y. D. A. 9965

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February of 6.

4. Place of Birth, (Street and Number)

1119 Warner Str.

5. Full Name of Mother,

Elisabeth Riepling.

6. Mother's Maiden Name,

Elisabeth Riepling.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Heinrich Riepling.

9. Father's Occupation,

Henssetter.

Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Auguste Borien.

Address,

927 South Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A 9965

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 6th day of February 1889

4. Place of Birth, (Street and Number)

517 Conner str

5. Full Name of Mother,

Kate Berger

6. Mother's Maiden Name,

Kate Krause

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Frank Berger

9. Father's Occupation,

Saloon Keeper

Father's Birthplace,

Buffalo N.Y.

Name of Medical Attendant, or other person who makes this Return.

Mrs. W. Maennel Midwife

Address,

929 Penna ave

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth A 9967
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 6-89

4. Place of Birth, (Street and Number)

1632 E. Fayette St

5. Full Name of Mother,

Mary J. Switzer

6. Mother's Maiden Name,

" " Gill

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Charles A. Switzer

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 W. Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Cleveland Grabe Child **A.** 9968
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 6th 1889

4. Place of Birth, (Street and Number)

#170 Monroe St.

5. Full Name of Mother,

Mrs. L. Grabe

6. Mother's Maiden Name,

" " Fischer

7. Mother's Birthplace,

Frederick County.

8. Full Name of Father,

Frederick Grabe

9. Father's Occupation,

Pipe Moulder

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return,

Annie Lindner

Address,

#170 S. Monroe St.

Remarks,

over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child *James Johnson Ward*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A.

9969

Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

6 February 1889

4. Place of Birth, (Street and Number)

1634 John Street

5. Full Name of Mother,

Mary Ella Ward

6. Mother's Maiden Name,

Hines

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Clay Ward

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Marbury Brewer M.D.

Address,

1106 W. Calver Street

Remarks,

Sent to the file of the 100,000th of each office, to be recovered as other facts and statistics are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 9970
- Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb 7 1889
4. Place of Birth (Street and Number), 414 Pinkney Place
5. Full Name of Mother, Lizzie Merritt
6. Mother's Maiden Name, Schlepp
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Merritt
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Chas E Sadler
- Address, 2100 Grand Hill Ave
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Virgil Lane

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First *A. 9971*
Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 7-89

4. Place of Birth, (Street and Number)

1533 N. Caroline

5. Full Name of Mother,

Mary A. Lane

6. Mother's Maiden Name,

" " Wallace

7. Mother's Birthplace,

N. J.

8. Full Name of Father,

Bernard C. Lane

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Me.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary A. Allen

Address,

912 N. Donagh St

Remarks,

GIVEN NAME ADDED *1-4-54*

h.m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 9972

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb. 7th 1899

4. Place of Birth, (Street and Number)

#419 Oak Lane

5. Full Name of Mother,

Mrs. Frankie Nellie Scott

6. Mother's Maiden Name,

Frankie W. D. Long

7. Mother's Birthplace,

Chattanooga Tenn.

8. Full Name of Father,

Lee Scott

9. Father's Occupation,

Clerk

Father's Birthplace,

Balto. City

Name of Medical Attendant, or other person who makes this Return.

George Lewis Staley

Address,

#1628 North Calverton

Remarks,

jected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 997.3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth February 1889
4. Place of Birth, (Street and Number) 957 of Washington st
5. Full Name of Mother, Annie Hulka
6. Mother's Maiden Name, Wrozak
7. Mother's Birthplace, Polonia
8. Full Name of Father, James Hulka
9. Father's Occupation, Tailor
10. Father's Birthplace, Polonia
- Name of Medical Attendant, or other person who makes this Return. Wm. Kopsch
- Address, 227 of Washington st
- Remarks, _____

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
 and the person who makes this Return shall be sub-
 jected to the fine of ten dollars for each offense, in the recovery of which the Board of Health is authorized to sue.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child A. 9974

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 7th 1884

4. Place of Birth, (Street and Number)

Liberty Street

5. Full Name of Mother,

An. Ellenor Cason

6. Mother's Maiden Name,

Mrs. Ellenor Blatshley

7. Mother's Birthplace,

Baltimore County, Md

8. Full Name of Father,

John. H. Cason

9. Father's Occupation,

Carpenter

Father's Birthplace,

Friedricksburg Va.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Harriet Blatshley

Address,

114 1/2 York Road, Maryland

Remarks,

any such act and the persons who shall attempt to do so shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8 6h

A 9975

- Male

3. Date of Birth, Feb 7th 1889

- Feb 7th 1889

- 134 West 45th City

- Sally & family

- " " Perry

- Wilmington N. C

- G. W. Coats

- Labovitz

- Richmond Va

Katharina Wunsch

800 Grandenhall St,

Remarks.

GIVEN NAME ADDED 10-31-49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence O. Williamson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A.

9976

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb'y 8, 89.

4. Place of Birth, (Street and Number)

1416 E. Preston St.

5. Full Name of Mother,

Mollie Williamson

6. Mother's Maiden Name,

" Hook

7. Mother's Birthplace,

Md.

8. Full Name of Father,

J. S. Williamson

9. Father's Occupation,

Car driver

Father's Birthplace,

Md.

Name of Medical Attendant, or other person who makes this Return.

J. H. Robinson M.D.

Address,

726 E. Preston St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

A. 9977

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 8th 1889

4. Place of Birth, (Street and Number) 550 Dallas St.

5. Full Name of Mother, Lucasa Overbeck

6. Mother's Maiden Name, " " Sunright

7. Mother's Birthplace, Germany

8. Full Name of Father, Carol Overbeck

9. Father's Occupation, Cash maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Eliza B. B.

Address, 1744 Bank St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second Female 997

Female

2. *Date of Birth.*

Feb - 8 - 89

2/17 E. A. Andrews

Annie O. Knorr

" " *Expensive*

Barlo

Wm H. A. Knorr

Cigarmaker

Balto

Mrs Mary A. Allwell

912 Mc Donogh St

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other moneys and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child* **A. 9979**
 Sex, (state whether male or female). *female*
 2. Race or color, (if not of the white race) *colored*
 3. Date of Birth, *Feb 8, 1889*
 4. Place of Birth, (Street and Number) *914 Wharfton St*
 5. Full Name of Mother, *Catharine Robson*
 6. Mother's Maiden Name,
 7. Mother's Birthplace, *Washington D.C.*
 8. Full Name of Father, *Charles C. Robson*
 9. Father's Occupation, *Sealer*
 10. Father's Birthplace, *Washington D.C.*
 Name of Medical Attendant, or other person who makes this Return *May Cozmes*
 Address, *1121 Surrogate St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately after birth, in the manner and within the period above required, and
child to report its birth to the Registrar, and any such person or persons who shall hereafter fail to comply with the regulations, shall be liable to be
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 9980

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Feb 1880

4. Place of Birth, (Street and Number) 877 Durham St

5. Full Name of Mother, Annie Vack

6. Mother's Maiden Name, Annie Kral

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jerry Vack

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptisch

Address, 207 of Washington St

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A 9981

● Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

9th Feb.

4. Place of Birth (Street and Number),

Cager St. 1835

5. Full Name of Mother,

Florence Sherwood

6. Mother's Maiden Name,

Florence Henderson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Sherwood

9. Father's Occupation,

Labor

● Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Magdelene Brown

Address,

1600 N Chester St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Sophia Dunphy*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *May 9th 1889*

4. Place of Birth, (Street and Number) *2038 Russell St.*

5. Full Name of Mother, *Annie (Dunphy) (Cotton) Jackson*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Phila Pa*

8. Full Name of Father, *Thos. J. (Dunphy) (Cotton) Jackson*

9. Father's Occupation, *carriage*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Charles Jackson*

Address, *914 N Charles St. Baltimore*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 9983

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feby 9th 1889

4. Place of Birth, (Street and Number)

115 S. Schroeder St.

5. Full Name of Mother,

Mary Elizabeth Cumrichouse

6. Mother's Maiden Name,

Neels

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Harry Cumrichouse

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this return.

H. W. Weber M.D.

Address,

814 W. Lombard St.

Remarks,

Natural Labor

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 A. 9984

female

W.

Feb. 9 1889

1640 Barnes St

Anna Ruzick

" " Bilek Bohemia

Frank Ruzick

Carpenter Bohemia

Josephine (Conrad)
1640 Barnes

any such person of persons who shall neglect to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other manner and for purposes not recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Feb 9th
 4. Place of Birth, (Street and Number) 1222 Holland St
 5. Full Name of Mother, Lizzie Maisel
 6. Mother's Maiden Name, Kohr
 7. Mother's Birthplace, Balt. Md.
 8. Full Name of Father, John Maisel
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Balt. Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs Rose Alling
 Address, 1309 Holland St
 Remarks,

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Oscar Ford

A. 9986

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 9th 1889

4. Place of Birth, (Street and Number)

142 Luzon St

5. Full Name of Mother,

Clara Ford

6. Mother's Maiden Name,

" Morrow

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William Ford

9. Father's Occupation,

Brick Maker

Father's Birthplace,

Queens Anne County

Name of Medical Attendant, or other person who makes this Return,

Mrs Julia Groom

Address,

940 N. Clay St

Remarks,

any such person or persons who shall hereafter not in compliance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th)* *A. 9987*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 9th 1889*

4. Place of Birth, (Street and Number) *71 S. Poppleton st*

5. Full Name of Mother, *Susannah Delaney*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles B Delaney*

9. Father's Occupation, *Tr. Border State Sav. Bank*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Sebach*

Address, *No 735 W Pratt street*

Remarks, *Balt*

any and all persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 9989
1. Sex, (state whether male or female) white female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 Feb
4. Place of Birth, (Street and Number) 1770 Alice Ann St
5. Full Name of Mother, Carrie Lody
6. Mother's Maiden Name, Thorn
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph Lody
9. Father's Occupation, Restaurateur
10. Father's Birthplace, New York
- Name of Medical Attendant, or other person who makes this Return, Mr. Rorie Ullry
- Address, 1902 Hollard St
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

A. 9990

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 9 Feb.

4. Place of Birth, (Street and Number) 913 E. Fayette St

5. Full Name of Mother, Hannah Senechter

6. Mother's Maiden Name, " Carensky

7. Mother's Birthplace, Poland

8. Full Name of Father, Adam Senechter

9. Father's Occupation, Lin. Smith

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return.

Mrs R. C. Allsby
1302 Holl and St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. 9991*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race)
3. Date of Birth, *February 5th 1889*
4. Place of Birth, (Street and Number) *Baltimore City 729 Barre St*
5. Full Name of Mother, *Mary S. Noel*
6. Mother's Maiden Name, *Mary S. Visk*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William S. Noel*
9. Father's Occupation, *Car Repair*
10. Father's Birthplace, *a-a Couch Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Shaffer*
- Address, *803 Woodland St*
- Remarks,

any such person or persons who shall neglect to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 9/92

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Missing #A 9993 + #A 9994

RETURN OF A-BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura May ——— *Steinfeld*
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

A. 9995

1. Sex, (State whether male or female). *female*
 2. Race or color, (if not of the white race).
 3. Date of Birth, *February 7th 1889*
 4. Place of Birth, (Street and Number) *Baltimore City 1112 Busing Alley*
 5. Full Name of Mother, *Molly Cooper*
 6. Mother's Maiden Name, *Molly Steinfeld*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *John Steinfeld*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return. *Dr. Shaffer*
- Address, *No. 803*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 25 A. 4975

1. Sex. (state whether male or female) Female

2. Race or color. (if not of the white race)

3. Date of Birth, Feb 9th 1889

4. Place of Birth, (Street and Number) 411 Maryland Lane, Hampden, Balt.

5. Full Name of Mother, Catharine R. Melvin

6. Mother's Maiden Name, Catharine R. Besley

7. Mother's Birthplace, Howard Co. Md

8. Full Name of Father, John Edw. Melvin

9. Father's Occupation, Laborer

Father's Birthplace, Worcester Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Showers M.D.

Address, 119 - 35 Ave. Woodberry, Balt. Md.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A 9447

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

July 8th

4. Place of Birth, (Street and Number)

509 West St

5. Full Name of Mother,

Augusta Bitzer

6. Mother's Maiden Name,

" Sedner

7. Mother's Birthplace,

City

8. Full Name of Father,

Isaac Bitzer

9. Father's Occupation,

Shaver

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other person who makes this return.

J. C. Benbow M.D.

Address,

541 Hanover

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

A. 9998

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16 March 1889*

4. Place of Birth, (Street and Number) *1504 Eastern Ave*

5. Full Name of Mother, *Julia Jayie*

6. Mother's Maiden Name, *Brakeish*

7. Mother's Birthplace, *Potomac*

8. Full Name of Father, *Frank Jayie*

9. Father's Occupation, *Book Binder*

Father's Birthplace, *Potomac*

Name of Medical Attendant, or other person who makes this Return, *Mary Keston*

Address, *207 of Washington St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth A. 9999

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 10th 1889

4. Place of Birth, (Street and Number)

1334 Valley Street

5. Full Name of Mother,

Catherine Ackerman

6. Mother's Maiden Name,

Kawmuring

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Ackerman

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

J. W. Blumer

Address,

1407 Franklin Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

A. 10000

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

July 10th 1889

4. Place of Birth, (Street and Number)

1408 Mc Henry St.

5. Full Name of Mother,

Ella Ray Ensor

6. Mother's Maiden Name,

Burdette

7. Mother's Birthplace,

Lisbon Howard Co. Md.

8. Full Name of Father,

Geo. A. Ensor

9. Father's Occupation,

Paperhanger

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this return.

H. W. Hebner, M.D.

Address,

814 W. Lombard St.

Remarks,

Natural Labor.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* A. 10071
 1. Sex, (State whether male or female). *Female*
 2. Race or color, (if not of the white race). *White*
 3. Date of Birth, *Feb. 10, 1889*
 4. Place of Birth, (Street and Number) *3021 Hudson St.*
 5. Full Name of Mother, *Amelia Poland*
 6. Mother's Maiden Name, *Amelia Kissner*
 7. Mother's Birthplace, *Balto.*
 8. Full Name of Father, *Henry Poland*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Balto.*
 Name of Medical Attendant, or other person who makes this Return. *Mary V. Sprague*
 Address, *121 Luzerne St.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and make return of the birth of every child to the Registrar of Vital Statistics, who shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 10002
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 10th 1887
4. Place of Birth, (Street and Number) #233 Barre St.
5. Full Name of Mother, Ernie Jones
6. Mother's Maiden Name, Hooper
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Ernie Jones
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, or other person who makes this Return, Dr. Henry H. Meyer
- Address, #103 E. Monument
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child* *A. 10003*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb. 10th 1887*

4. Place of Birth, (Street and Number) *404 W. Hamburg St.*

5. Full Name of Mother, *Fancy A. Morris*

6. Mother's Maiden Name, *Fancy A. Garrison*

7. Mother's Birthplace, *Chesterfield Va.*

8. Full Name of Father, *George Morris*

9. Father's Occupation, *Dr. Writings Driver*

10. Father's Birthplace, *Eastern Shore Va.*

Name of Medical Attendant, or other Person who makes this Return, *Annie M. Davis*

Address, *404 W. Hamburg St. Bet. E. & W. 6th Sts.*

Remarks,

OVER NAME ADDED 6-10-54
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Saul Simon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A. 10004

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Feb. 10th 1889*
4. Place of Birth, (Street and Number) *Front st.*
5. Full Name of Mother, *Pauline Simon*
6. Mother's Maiden Name, *Rosenburg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Isaac Simon*
9. Father's Occupation, *Shoe-maker*
10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Bernstein*

Address, *122 S. Exeter st.*

Remarks, _____

Notice to the mother, immediately after the birth of a child, to report its birth to the Commissioner of Health, in the case of any such person or persons who shall hereafter fail to comply with the provisions of this Act, a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

Feb. 11, 1887

4. Place of Birth, (Street and Number)

401 Vincent alley

5. Full Name of Mother,

Ida Nelson

6. Mother's Maiden Name,

Ida Diggs

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Robert Nelson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Mary C. Jones

Address,

1121 Rastown St

Remarks,

jected to the fine of ten dollars for each offense, to be recovered as other laws and regulations are from time to time.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME CHANGED BY COURT ORDER 3-9-54

Name: *George Edward Roth*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. D

A 11225

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February of 11. 1889

4. Place of Birth, (Street and Number)

1921 Wisconsin: Prout

5. Full Name of Mother,

Anna (Robt. H. Roth) Roth

6. Mother's Maiden Name,

Anna Plinger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August (Robt. H. Roth) Roth

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Auguste Bozien

Address,

929 South Litchfield St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th. A. 10227

2. Sex, (state whether male or female)

male.

3. Race or Color, (if not of the white race)

white.

4. Date of Birth,

175. Hamburg: A. 11.
February. of 11.

5. Place of Birth, (Street and Number)

Anna Weigel.

6. Full Name of Mother,

Anna Weigel.

7. Mother's Maiden Name,

Baltimore.

8. Mother's Birthplace,

Johann Weigel.

9. Full Name of Father,

Blatzmuth.

10. Father's Occupation,

Germany.

11. Father's Birthplace,

Auguste Berlin.

Name of Medical Attendant, or other person who makes this Return.

Address,

929. South. Liberty. St.

Remarks,

Printed to the line of ten (10) dollars

For the purpose of recovering

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two A 10008
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, the 11th of February
4. Place of Birth, (Street and Number) No 1641 Greenmount Avenue
5. Full Name of Mother, Louise Virginia Thomas
6. Mother's Maiden Name, Louise Virginia Thomas
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Henry Thomas
9. Father's Occupation, Fire Police
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mr. Miller
- Address, 936 Greenmount Av
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 *A 10007*
- 1. Sex, (State whether male or female)* Female
- 2. Race or color, (if not of the white race)* Color
- 3. Date of Birth,* 11 Feb
- 4. Place of Birth, (Street and Number)* 125 Warner st
- 5. Full Name of Mother,* Emmett Williams Emmell Earl
- 6. Mother's Maiden Name,* Emmell Williams
- 7. Mother's Birthplace,* Baltimore
- 8. Full Name of Father,* Tony Williams
- 9. Father's Occupation,* Druggist
- 10. Father's Birthplace,* Baltimore
- Name of Medical Attendant, or other person who makes this Return.* Angeline Nelson
- Address,* 1047 South Howard st
- Remarks,*

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 10010

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 11th 1889

4. Place of Birth, (Street and Number) 907 Stiles st.

5. Full Name of Mother, Maria Gately

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Gately

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any person who has knowledge of the birth of any child, other than the mother, having been born in attendance upon the mother, having been present at the birth, or having been present at the birth of the child, shall report to birth to the Commissioner of Health, in the manner and within the period of time specified in this section, shall be subject to the fine of ten dollars for each offense to be recovered in other and for defaults are recoverable.

by A Co., City Printers and Stationers.

308 A. 10211

Feb 20 1892

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Feb. 11th 1884

1813. N. Shick. et

4 May Carr

Mary Cat Dunn

13th Avenue

Edward Lane

Coastal Plain

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Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-10012
8

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th of February.*

4. Place of Birth, (Street and Number) *339 Forest Str.*

5. Full Name of Mother, *Louise Hein*

6. Mother's Maiden Name, *Louise Basem*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adolf Hein Hein*

9. Father's Occupation, *Laborer*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Friederich Heule midwife*

Address, *2116 West Pratt Str.*

Remarks,

See Act of the 10th of May 1890, Chapter 100, for the provisions of this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12 Child* *A. 10212*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race)
3. Date of Birth, *February 11th 1889*
4. Place of Birth, (Street and Number) *#120 S. Fulton Ave.*
5. Full Name of Mother, *Mary Roundale*
6. Mother's Maiden Name, *Rosemary*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Whist Roundale*
9. Father's Occupation, *Furniture Manufacturer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
- Address, *#106 S. Monroe St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

A. 10014

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

2 - 11th

4. Place of Birth, (Street and Number)

Leadenhall St 711

5. Full Name of Mother,

Emma Jane Risse

6. Mother's Maiden Name,

Emma Jane Frank

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John D. Risse

9. Father's Occupation,

Seabor

10. Father's Birthplace,

New York Siber County

Name of Medical Attendant, or other person who makes this Return.

Mrs. Wm. H. H.

Address,

800 Leadenhall St.

Remarks,

any such person or persons who shall intentionally or negligently fail to register a birth as required by law, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

any person who thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and

1 MAR 2 1889

A. 1003

1466

te race)

Feb 11th 1889

306 Annals.

Alice Monfelatse.

" " *Switzer*

July 2

Joseph Monfalcone.

Shp Carpenter.

Sty.

Mrs. Eliza Betz

174th Bank St.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A 10076

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Febr. 12th 89

4. Place of Birth, (Street and Number) 622 1/2 Lombard St (West)

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Not known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Seale M.D.

Address, 219 W. Monument St

Remarks, _____

shall occur without the attendance of a physician or other person who is duly licensed to practice medicine, and attendance upon the mother, immediately thereafter, shall become the duty of the person or persons so licensed, and child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A. 10017*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Feb 12 1889*

4. Place of Birth, (Street and Number) *1142 Penna ave*

5. Full Name of Mother, *Josephine V. Welden*

6. Mother's Maiden Name, *" " Galian*

7. Mother's Birthplace, *city*

8. Full Name of Father, *William T. Welden*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Balti City*

Name of ~~Medical Attendant~~, or other person who makes this Return. *William T. Welden*

Address, *1142 Penna ave*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.* *A. 10018*
2. Sex, (state whether male or female) *Female.*
3. Race or Color, (if not of the white race) *White.*
4. Date of Birth, *Feb. 12, 1889.*
5. Place of Birth, (Street and Number) *822 Springton St. Balto. Md.*
6. Full Name of Mother, *Sophia Kohlhöfer.*
7. Mother's Maiden Name, *Sophia Baylme.*
8. Mother's Birthplace, *Baltimore.*
9. Full Name of Father, *G. A. Kohlhöfer.*
10. Father's Occupation, *Window Glass Blower.*
11. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Mynk.*
- Address, *800 Seadenhall St.,*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female)

Race or color, (if not of the white race)

Date of Birth.

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3rd A 1079
female
W.

Feb. 12 - 1885
1633 Abbott St.

Marie Rouhal
Vonnacek

" " Bohemia

Andy Rouhal
Laborer

Bohemia

Josephine Ciner
1621 Barnes

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

10120

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

February 12 1889

4. Place of Birth, (Street and Number)

Culaska st 308

5. Full Name of Mother,

Annie Zimmerman

6. Mother's Maiden Name,

Annie Dieph

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fredrick G. Zimmerman

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. S. Kelley

Address,

2022 Wilkens Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 10021

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 12th

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Jennie Ribaud

6. Mother's Maiden Name,

Wa

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

A. V. Phelps M.D.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 10022

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 12

4. Place of Birth, (Street and Number) 107 E Marlberg St

5. Full Name of Mother, Emma Oliver

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Rockville MD

8. Full Name of Father, George Oliver

9. Father's Occupation, Police

Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 716 Tjerson Street

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A* *10123*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 13th 89*

4. Place of Birth, (Street and Number) *1507 East Ticonderoga St.*

5. Full Name of Mother, *Helene Friedewald*

6. Mother's Maiden Name, *Helene Wetzer*

7. Mother's Birthplace, *Gen Sungen Germany*

8. Full Name of Father, *John Arnold Friedewald*

9. Father's Occupation, *Baker*

Father's Birthplace, *Schubert Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Danner*

Address, *217 Schurder St.*

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

A. 100215

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

Feb. 13th 89

4. Place of Birth, (Street and Number)

622 W. Lombard St. (Hospit.)

5. Full Name of Mother,

Laura Johnson

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 N. Monument St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ~~GIVEN NAME ADDED 1-21-55~~ HELEN SELINA SMALLWOOD

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A* *10024*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Feb 13th 1889*
4. Place of Birth, (Street and Number) *1313 Upton Street*
5. Full Name of Mother, *Ellie Smallwood*
6. Mother's Maiden Name, *Maguelia*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Augustus Smallwood*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Anni Johnson*
- Address, *710 Iron Street*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *three* *A...*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *Color*

3. Date of Birth, *february 13 1889*

4. Place of Birth, (Street and Number) *1016 Dugloss street*

5. Full Name of Mother, *Mary E. Williams*

6. Mother's Maiden Name, *Mary E. Morrison*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Charles Williams*

9. Father's Occupation, *Cabman*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return. *Herbert Jackson*

Address, *1010 Dugloss st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ^{first}

A. 10027

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 13 1889

4. Place of Birth, (Street and Number)

2nd Avenue Hampden Balt City

5. Full Name of Mother,

Martha Mangum

6. Mother's Maiden Name,

Burch

7. Mother's Birthplace,

England

8. Full Name of Father,

Harry Mangum

9. Father's Occupation,

10. Father's Birthplace,

Prince George Co Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary Martin

Address,

No 57 Brick Hill Mount Vernon

Remarks,

Balt City D.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 10025

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Feb. 14th 1889

4. Place of Birth (Street and Number),

618 Elbow Lane

5. Full Name of Mother,

Carmiller Brownell

6. Mother's Maiden Name,

Carmiller King

7. Mother's Birthplace,

Worfolk Va.

8. Full Name of Father,

Samuel Brownell

9. Father's Occupation,

Seabor

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Charlottie Williams

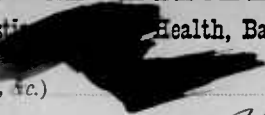
Address,

607 South Howard Street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics,  Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th 10029

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Feb 14th 1889

4. Place of Birth (Street and Number),

618 Elbow Lane

5. Full Name of Mother,

Carmiller Brownell

6. Mother's Maiden Name,

Carmiller King

7. Mother's Birthplace,

Norfolk Va

8. Full Name of Father,

Samuel Brownell

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Scharlottie Williams

Address,

607 South Howard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth* *A 10029*

1. Sex, (State whether male or female) *Male*

2. ☒ Race or color, (if not of the white race) *White*

3. Date of Birth, *Feb 14th 1839*

4. Place of Birth, (Street and Number) *338 E. Fifth St*

5. Full Name of Mother, *Margaret Ann Spilman*

6. Mother's Maiden Name, *Sadler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Colanage A. Spilman*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

☒ Name of Medical Attendant, or other person who makes this Return. *J. H. Spilman M.D.*

Address, *2100 - Md Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

A 10030

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race,)

White

3. Date of Birth,

February 14th 1887

4. Place of Birth, (Street and Number)

McHenry St 1322

5. Full Name of Mother,

Eosa Rick

6. Mother's Maiden Name,

Eosa Landy

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Rick

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. S. Kelley

Address,

2022 Wilkens Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd A. 10031

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 14th 1909.

4. Place of Birth, (Street and Number) # 729 E. 5th St.

5. Full Name of Mother, Susan H. Harnady

6. Mother's Maiden Name, Harwood

7. Mother's Birthplace, Highland Co.

8. Full Name of Father, John Harnady

9. Father's Occupation, Electric Light Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. M. H. Harnady

Address, 1031 E. Harnady St.

Remarks,

Any fee for this return shall be in full for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 23 A. 10002

Sex, (State whether male or female) female

Race or color, (if not of the white race) White

Date of Birth, 13 Feb

Place of Birth, (Street and Number) 225 Cross St

Full Name of Mother, Lina Rix

Mother's Maiden Name, Lina Benson

Mother's Birthplace, Germany

Full Name of Father, Fred Rix

Father's Occupation, Glass Blower

Father's Birthplace, Germany

Name of Medical Attendant, Angelina Wilson
or other person who makes this Return.

Address, 1049 South Howard St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 10038

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 13th 1889.

4. Place of Birth, (Street and Number) #1817 Fisher St.

5. Full Name of Mother, Eliza Burdett.

6. Mother's Maiden Name, Wolkemier.

7. Mother's Birthplace, Sherrilburg.

8. Full Name of Father, John J. Burdett.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Wm. Henry Hill, M.D.

Address, #1038 Baltimore St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex. (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
White
February 13th 1889
McHenry St 1723
Sarah R Dean
Sarah R Meekins
Charles County
William Dean
Teacher
Baltimore
Mrs S Kelley
2022 Wilkins Ave

100304

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6 A. 10035

1. Sex, (state whether male or female) girl

2. Race or color, (if not of the white race) _____

3. Date of Birth, 23 February

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, Lophie Bacher

6. Mother's Maiden Name, Zang

7. Mother's Birthplace, _____

8. Full Name of Father, Lohn Bacher

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Case

Address, _____

Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any birth, death, or marriage, when made, shall be recorded, and as other files and registries as may be required, to be made, and as other files and registries as may be required, to be made, and as other files and registries as may be required, to be made.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

A. 10036

1. Sex. (State whether male or female)

Male

2. Race or color, (if not of the white race)

W.

3. Date of Birth,

Feb. 13 '89

4. Place of Birth, (Street and Number)

425 Madeira Alley

5. Full Name of Mother.

Barbara Crach Kummel

6. Mother's Maiden Name.

" Bohemie

7. Mother's Birthplace,

Andy Crach

8. Full Name of Father,

Tailor

9. Father's Occupation,

Bohemie

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad
1021 Barnes St

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 10037
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14 "89.
4. Place of Birth, (Street and Number) 622 N. Lombard St. (Hospital)
5. Full Name of Mother, Rosa Linwood
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "
Name of Medical Attendant, or other person who makes this Return, L. E. Seale M.D.
Address, 319 W. Monument St.
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 A. 10035

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Feb. 14th 1889

4. Place of Birth, (Street and Number) 126 N. Washington St.

5. Full Name of Mother, Annie Caroline Heller

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, City

8. Full Name of Father, David Heller

9. Father's Occupation, Iron Molder

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, C. P. Jones M.D.

Address, 1835 E. Baltimore St.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 10039
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 14, 1889.
 4. Place of Birth, (Street and Number) 240 Salem
 5. Full Name of Mother, Mary E. Newnam
 6. Mother's Maiden Name, Shipley
 7. Mother's Birthplace, Parkton Md.
 8. Full Name of Father, John S. Newnam
 9. Father's Occupation, Barber
 10. Father's Birthplace, Md.
 Name of Medical Attendant, or other person who makes this Return, Dr. Christian M. D.
 Address, 1821 Madison Ave.
 Remarks,

any such person, of persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 100110

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 14th

4. Place of Birth, (Street and Number)

111 E. West st

5. Full Name of Mother,

L. A. Murray

6. Mother's Maiden Name,

Bollen au

7. Mother's Birthplace,

City

8. Full Name of Father,

Geo. E. Murray

9. Father's Occupation,

Clerk

Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return,

J. C. Burchard

Address,

511 Hanover st

Remarks,

any such person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 10041

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 14. 1889.

4. Place of Birth, (Street and Number) 1027 Boyd St.

5. Full Name of Mother, Ida Parker Thomas

6. Mother's Maiden Name, Gitman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis Thomas

9. Father's Occupation, Carpenter

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, W. C. Whiston M.D.

Address, 1821 Madison Ave.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

A. 10042

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 14th

4. Place of Birth, (Street and Number)

944 N. Gay St

5. Full Name of Mother,

Mary Altberg

6. Mother's Maiden Name,

Stal

7. Mother's Birthplace,

Balt

8. Full Name of Father,

William Altberg

9. Father's Occupation,

Produce Dealer

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Greene

Address,

940 N. Gay St

Remarks,

jected to the fine of ten and no dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5^d A. 1004/3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Coplock

3. Date of Birth,

Feb 15th

4. Place of Birth, (Street and Number)

107 Saratoga St

5. Full Name of Mother,

Rosa Jeney

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

St Marys county

8. Full Name of Father,

John Jeney

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

St Marys county

Name of Medical Attendant, or other person who makes this Return.

Mrs Emma Johnson

Address,

710 Tyson St

Remarks,

Caution: Report as to the birth of a child, if the mother and child are not reported, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 ~~th~~ th 1002/11

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 15th 1889

4. Place of Birth, (Street and Number)

1131 Nantcock, St Balti Md

5. Full Name of Mother,

Susan. A. Sparenberg

6. Mother's Maiden Name,

Susan. A. Freberger

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John. B. Sparenberg

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other person who makes this Return,

Mrs. Bange

Address,

711 Cross Street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6 A. 1001/5

1. Sex, (state whether male or female) boy

2. Race or color, (if not of the white race)

3. Date of Birth, 15 & February

4. Place of Birth, (Street and Number) 1125 ...

5. Full Name of Mother, Ulrich

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Charles Unkelbach

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

A. 10045

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 15th. 1889

4. Place of Birth, (Street and Number)

1536 Washington St.

5. Full Name of Mother,

Mary L. Klamants

6. Mother's Maiden Name,

" Patz

7. Mother's Birthplace,

Balto. county

8. Full Name of Father,

John J. Klamants

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs M. A. Butt

Address, 1245 Monuments St. cor Central av.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 ^A 1847

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 13/89

4. Place of Birth, (Street and Number)

N^o 250 S. Caroliner St.

5. Full Name of Mother,

Henrietta Sachowsky

6. Mother's Maiden Name,

Dippner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Sachowsky

9. Father's Occupation,

Schoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft.

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 11748
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 15th 1889
 4. Place of Birth, (Street and Number) Baltimore, 933 Pierce St
 5. Full Name of Mother, Mary Jane Smith
 6. Mother's Maiden Name, Mary Jane Murphy
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Andrew Augusta Smith
 9. Father's Occupation, Engineer & Machinist
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. D. S. S. S.
 Address, 217 S. Charles St.
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A* *10 21/9*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 15th 1889*
 4. Place of Birth, (Street and Number) *351 Forrest St*
 5. Full Name of Mother, *Minnie Krauter*
 6. Mother's Maiden Name, *Lane*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Ernestiana Krauter*
 9. Father's Occupation, *Labour*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs E Dumay*
 Address, *No 19 27 W Lombard St*
 Remarks,

jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A 11150
Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 15 - 89

4. Place of Birth, (Street and Number)

1809 E. Madison St

5. Full Name of Mother,

Agnes E. Lindsay

6. Mother's Maiden Name,

" " Archer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Lindsay

9. Father's Occupation,

Register

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 W. Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *William Solomon* *Witkin* *A. 10131*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Febr. 13th 1889*

4. Place of Birth, (Street and Number) *1117 E. Pratt st.*

5. Full Name of Mother, *Ethel Witkin*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Moses Witkin*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Europe*

11. Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Berenstein*

Address, *122 S. Exeter st.*

Remarks, _____

GIVEA NAME ADDED. 5-18-54

h.m.

such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 10102*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth, *February, the 15th*
4. Place of Birth, (Street and Number) *Baltimore Calleg St 1429*
5. Full Name of Mother, *Elen W Kley*
6. Mother's Maiden Name, *Benton*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas W Kley*
9. Father's Occupation, *Ballad*
10. Father's Birthplace, *Murland*
- Name of Medical Attendant, or other person who makes this Return, *Elizabeth Hawthorn*
- Address, *Light St No 1504*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *8* Child of Mother, (state whether 1st, 2d, 3d, &c.) *A 10-53*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Feb 15/89*

4. Place of Birth, (Street and Number) *1443 N. Gay st*

5. Full Name of Mother, *Kathrian Mary Fresh*

6. Mother's Maiden Name, *Kathrian Mary Eliser*

7. Mother's Birthplace, *Balto City Md*

8. Full Name of Father, *Charles Fresh*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Balto City Md*

Name of Medical Attendant, or other person who makes this Return, *Mary E Bentley*

Address, *18429 S. Taca st*

Remarks, *Child living*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6-1-11 A 10054

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

4. Date of Birth,

15

5. Place of Birth, (Street and Number)

12-322 South Broadway

6. Full Name of Mother,

Margaret gibson

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

Robert gibson

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

W. S. Lewis M.D.

Address,

12-322 South Broadway

Remarks,

healthy child

child to report as birth of illegitimate child, or any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 12255

Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb. 15-11

4. Place of Birth, (Street and Number)

218 N. Bond st.

5. Full Name of Mother,

Harriet Hoeker

6. Mother's Maiden Name,

Mary Russ

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Ernest Hoeker

9. Father's Occupation,

Walter

Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

C. L. Biddleman

Address,

418 S. Paca st.

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1005

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female

W. (German)

Feb. 15 '89

622 N. Lombard St. (Hopt.)

Rosa Ragle

Germany
Not Known

" "

D. E. Neale M.D.

319 N. Monument St.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each infraction, to be recovered in the same manner and for the same purposes as are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 10057

Sex, (State whether male or female)

Female
White

2. Race or color, (if not of the white race)

3. Date of Birth.

July 15th

4. Place of Birth, (Street and Number)

1448 Johnson St

5. Full Name of Mother,

Anna Hoffman

6. Mother's Maiden Name,

" Cooper

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

J. C. Hoffman

9. Father's Occupation,

Cooper

Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this Return.

J. C. Decker M.D.

Address,

541 Howard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1889
MAR 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 10258

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 15th day of February

Place of Birth, (Street and Number) Baltimore #137 Hamlet St

Full Name of Mother, Kate Tring

Mother's Maiden Name, Kate Taylor

Mother's Birthplace, Baltimore Md

Full Name of Father, Frederick F Tring

Father's Occupation, Harness Maker

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Balthema Munch

Address, 500 Badenhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such return of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th. A. 1889

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

White

Date of Birth,

February 16th. /89

Place of Birth, (Street and Number)

926 Dallis St.

Full Name of Mother,

Lizzie Kroener

Mother's Maiden Name,

Lizzie Dush

Mother's Birthplace,

Baltimore

Full Name of Father,

Michael Kroener

Father's Occupation,

Cigar maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Bull

Address, 1245 Monument St cor. Central av.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A. 10000

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 16 Feb.

4. Place of Birth, (Street and Number) 827 N. Gay St

5. Full Name of Mother, Lisa Ullman

6. Mother's Maiden Name, " Wilhiser

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Samuel Ullman

9. Father's Occupation, Shoe Store

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ullig

Address,

1302 Scotland St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

3rd

A. 10061

1136

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and Number) *10/11/11*
10/11/11

C. 11211 f. 111
 " f. 110

me, " *Exercice*

12. $\frac{1}{2} \log 2$

ET, 27 Feb 77
28 28 28

Galton, Ed.

1425. *Hamamelis virginica*

413 0. 11 011111 T H

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 10162

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 16th, 1893

4. Place of Birth, (Street and Number) 1814 Eastern ave.

5. Full Name of Mother,

Mary Dyre

6. Mother's Maiden Name,

Mary Johnson

7. Mother's Birthplace,

C. City

8. Full Name of Father,

William Dyre

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Eliza Betz

Address,

1744 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child* **A.** *10063*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 16th. 1889.*

4. Place of Birth, (Street and Number) *No 58 E. Hill St. Baltimore*

5. Full Name of Mother, *Johanna Wittinger*

6. Mother's Maiden Name, *Johanna Neuen*

7. Mother's Birthplace, *Neuenburg West Prussia*

8. Full Name of Father, *Jacob Wittinger*

9. Father's Occupation, *Shoemaker*

Father's Birthplace, *Neuenburg West Prussia*

Name of Medical Attendant, or other person who makes this Return, *Katharina W. W. W.*

Address, *800 Seadenhall St.*

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

A 10524

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 16, '89.*

4. Place of Birth, (Street and Number) *331 W. Fourth St.*

5. Full Name of Mother, *Lallie Mahoney*

6. Mother's Maiden Name, *Lallie Forestell*

7. Mother's Birthplace, *331 W. Fourth St.*

8. Full Name of Father, *W. A. Mahoney*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *D. B. Barton, Bruce, M. D.*

Address, *1815 N. Charles St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A* *12.10.15*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *July 16th*

4. Place of Birth, (Street and Number) *1042 W. Fayette St*

5. Full Name of Mother, *Lennie McCoy*

6. Mother's Maiden Name, *" Porter*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Robt. L. McCoy*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other person who makes this Return, *J. C. Bunch M.D.*

Address, *511 Hammond*

Remarks,

Printed to the line of ten (10) dollars for each change to be recovered as other dues and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

111

10-25-6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 16 "89

4. Place of Birth, (Street and Number)

621 W. Lombard St. (Flopt)

5. Full Name of Mother,

Kate Loftus

6. Mother's Maiden Name,

Not Known

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

219 W. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 1007

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 16 #

4. Place of Birth, (Street and Number)

921 E Eden St

5. Full Name of Mother,

Margret Wadenhuesen

6. Mother's Maiden Name,

Bmetten

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Wadenhuesen

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. J. L. Green

Address,

1940 N. Gay St

Remarks,

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 10068

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 16th

4. Place of Birth, (Street and Number)

1016 E Biddle St

5. Full Name of Mother,

Annie Hawthorn

6. Mother's Maiden Name,

" Stevenson

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Charles Hawthorn

9. Father's Occupation,

Printer

Father's Birthplace,

Ba

Name of Medical Attendant, or other person who makes this Return.

Mrs Groome

Address,

940 N. Gay St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A. 10089

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 16th

4. Place of Birth, (Street and Number)

821 N. Bond St

5. Full Name of Mother,

Barbara Jerakeak

6. Mother's Maiden Name,

" Jenkra

7. Mother's Birthplace,

Bohemia Austria

8. Full Name of Father,

Joseph Jerakeak

9. Father's Occupation,

Carriage Wood Worker

Father's Birthplace,

Bohemia Austria

Name of Medical Attendant, or other person who makes this Return.

Mrs. Julia Groome

Address,

910 N. Gay St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A. 1070*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Feb 16th 89*
4. Place of Birth, (Street and Number) *Conway St 432 no number*
5. Full Name of Mother, *Bertha Knapp*
6. Mother's Maiden Name, *" " Dehl*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Henry Knapp*
9. Father's Occupation, *Pickling Business*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Batherson a Wm*
- Address, *800 S. Radnor St.*
- Remarks,

any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 10071

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb 17th 89
4. Place of Birth (Street and Number), 116 W. 3rd St
5. Full Name of Mother, Mary Eluck
6. Mother's Maiden Name, Mary Clewstam
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Wm H Eluck
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, N. W. Kness or other person who makes this Return.

Address, 607 N Charles St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Third* *A. 10072*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 17th 1889*
4. Place of Birth, (Street and Number) *1008 E Preston St*
5. Full Name of Mother, *Elizabeth A Storch*
6. Mother's Maiden Name, *Elizabeth A Warr*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Edw J Storch*
9. Father's Occupation, *Lumber Dealer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return. *Mrs ID Miller*
- Address, *217 Schurder St*
- Remarks,

any social person or persons, who shall be liable to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ected to the fine of ten (10) dollars for each offense, to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1A/1173
Male

February 17/89

N^o 407 Macleira thly

Marg. Ort

Linmer

Baltimore

Joseph Ort

Laborer

Baltimore

Mrs. Louise Kraft.
N^o 405 S. Washington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A.

10071

Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race).

White

3. Date of Birth,

Feb. 17th 1889

4. Place of Birth, (Street and Number)

890 W. Lombard St.

5. Full Name of Mother,

Emma Hancock

6. Mother's Maiden Name,

Witter

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Thomas Hancock

9. Father's Occupation,

Straw Hatting

10. Father's Birthplace,

Georgia

Name of Medical Attendant, or other person who makes this Return.

H. H. Haines M.D.

Address,

814 W. Lombard St.

Remarks,

Natural Labor,

REMARKS TO BE FURNISHED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, FOR EACH OCCASION, TO BE RECOVERED BY OTHER AGENCIES AND FOR OTHER PURPOSES.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child A. 10075*

2. Sex, (state whether ~~male~~ or female)

3. Race or Color, (if not of the white race) *White*

4. Date of Birth *February 17th 1889*

5. Place of Birth, (Street and Number) *N. High St No 25*

6. Full Name of Mother, *Amanda Jeremias*

7. Mother's Maiden Name, *Amanda Hirth*

8. Mother's Birthplace, *Baltimore City*

9. Full Name of Father, *Ernest Otto Jeremias*

10. Father's Occupation, *Saddler*

11. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. Dallar St No 114*

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child* *A. 10077*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *February 17th 1889*

4. Place of Birth, (Street and Number) *Forrest St No 418*

5. Full Name of Mother, *Katie Witzgall*

6. Mother's Maiden Name, *Katie Krizhandl*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Adam Witzgall*

9. Father's Occupation, *Shoemaker*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary C. Müller*

Address, *N. Dallas St No 114*

Remarks, _____

ject to the fine of ten dollars for each offense, to be recovered by the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

A. 10078

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17 Feb.

4. Place of Birth, (Street and Number) 33 Abemarle St

5. Full Name of Mother, Mary League

6. Mother's Maiden Name, Rith

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John League

9. Father's Occupation, Janitor

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Rose Ullig

Address, 1302 Holland St

Remarks,

ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 10079

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17. February

4. Place of Birth, (Street and Number)

Bergende Street N. 914

5. Full Name of Mother,

Emma Fisher.

6. Mother's Maiden Name,

Emma Meyer.

7. Mother's Birthplace,

German

8. Full Name of Father,

John B. Fisher.

9. Father's Occupation,

Lebeman.

10. Father's Birthplace,

German.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bangs

Address,

711 Cross St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

A 10086

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 17th

4. Place of Birth, (Street and Number) 1246 E. Madison St

5. Full Name of Mother, Annie Kauer

6. Mother's Maiden Name, Bisher

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Kauer

9. Father's Occupation, Pastor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Miss Rose Illbric

Address,

1302 Ballard St

Remarks,

This section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A. 1-1891

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 17, 1891

4. Place of Birth, (Street and Number)

Holly's St. W. Garrison Lane

5. Full Name of Mother,

Anna G. Stump

6. Mother's Maiden Name,

Hahn

7. Mother's Birthplace,

Bald

8. Full Name of Father,

Wm Stump

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Edward J. Gonda MD

Address,

1403a Bayette St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 10582

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

17th Feb. 1889

4. Place of Birth, (Street and Number)

206 B. R. R. Ave.

5. Full Name of Mother,

Margaret Emma Riddle Copper

6. Mother's Maiden Name,

Riddle

7. Mother's Birthplace,

City

8. Full Name of Father,

Tom Jefferson Copper

9. Father's Occupation,

Conductor on B. & O. R. R.

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return,

C. P. Burns M.D.

Address,

1835 E. 1st St.

Remarks,

GIVEN NAME ADDED 6-22-56
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Robert Sutton, Jr.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second* *A. 10083*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Feb 17 1889*
4. Place of Birth (Street and Number) *1602 McCulloch St.*
5. Full Name of Mother *Bethie A. Sutton*
6. Mother's Maiden Name *" " Dabner*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *John R. Sutton*
9. Father's Occupation *Telegraph*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. H.*
- Address *587, Harrison St.*
- Remarks

Reg. Mar. 1889

penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5⁰⁰ E. 10086

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, February 17/89

5. Place of Birth, (Street and Number) 1022 South Paca St

6. Full Name of Mother, Fanny M. Burgman

7. Mother's Maiden Name, Fanny M. Bell

8. Mother's Birthplace, Frederick County Md

9. Full Name of Father, John Burgman

10. Father's Occupation, Tobacco Worker.

11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Cross St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A 1008

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 17. 1889.

4. Place of Birth, (Street and Number)

Holls Springs

5. Full Name of Mother,

Minnie C. Sibley

6. Mother's Maiden Name,

O'Neal

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Frank L. Sibley

9. Father's Occupation,

Lithographer

Father's Birthplace,

Norfolk Va.

Name of Medical Attendant, or other person who makes this Return.

D. Chrichton, M.D.

Address,

1821 Madison Ave

Remarks,

any such person or persons who shall hereafter fail
to file to the line of ten (10) dollars for each offense.

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who
makes this Return, _____

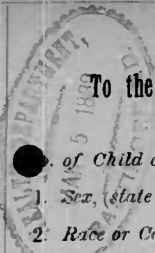
Address, _____

Remarks, _____

Neal
Balto.
Frank L. Sibley
Lithographer

Norfolk Va.
W. Chvichan, M.D.
1821 Madison Ave

jected to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2 A. 10057
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb 17 '89
4. Place of Birth, (Street and Number) 622 W. Lombard St. (Hopt.)
5. Full Name of Mother, Hennie Rozier
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation, " "
- Father's Birthplace, " "
- Name of Medical Attendant, or other person who makes this Return. L. E. Seale M.D.
- Address, 319 W. Monument St.
- Remarks, _____

CERTIFICATE CORRECTED 2-18-54.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Betha Agnes Murray*

A 12288

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *February 17th 1889*

4. Place of Birth, (Street and Number) *Monroe st 126*

5. Full Name of Mother, *Mary ~~Chapman~~ Murray*

6. Mother's Maiden Name, *Mary Hunt*

7. Mother's Birthplace, *Charles C. Md*

8. Full Name of Father, *George L. ~~Murray~~ Murray*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Charles C. Md.*

Name of Medical Attendant, or other person who makes this return. *Mr. S. Kelley*

Address, *2032 Wilkins Ave*

Remarks,

jected to the fine of ten (or dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- Feb 28 1889
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 1059*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 17th 1889*
4. Place of Birth, (Street and Number) *No 218 Parken St*
5. Full Name of Mother, *Sarah Jordan*
6. Mother's Maiden Name, *Gillard*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harman Jordan*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs E Duman*
- Address, *No 1927 W. Lombard St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A. 10090

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 17th 1889

4. Place of Birth, (Street and Number)

No 108 Harford Ave

5. Full Name of Mother,

Minnie Boyd

6. Mother's Maiden Name,

Spillman

7. Mother's Birthplace,

King George Co Va

8. Full Name of Father,

James Boyd

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Prince George Co

Name of Medical Attendant, or other person who makes this Return,

Mrs E Dumas

Address,

No 1727 W Lombard St

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

The attendance of a physician or practitioner of midwifery, or should on other person, be required in any child shall occur without the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 10091

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February 25 1909

4. Place of Birth (Street and Number),

No 56 Hall Street

5. Full Name of Mother,

Lizzie grant

6. Mother's Maiden Name,

Lizzie Nash

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Peter grant

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mad am Taylor

Address,

or 41 Guilford ally

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child* **A. 10292**
1. Sex, (state whether male or female) *Female* **May Alice White**
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Feb. 17th 1887*
4. Place of Birth, (Street and Number) *246 South Eutaw St. Bet. Hamburg & Hendricks*
5. Full Name of Mother, *Aunie White her mother Florence Sample*
6. Mother's Maiden Name, *Aunie Sample*
7. Mother's Birthplace, *Galbert County*
8. Full Name of Father, *Thomas White his father Jas. White*
9. Father's Occupation, *Reese's Laundry*
10. Father's Birthplace, *Galbert County his father from Galbert Co. Woodstock*
- Name of Medical Attendant, or other Person who makes this Return. *Annie M. Davis*
- Address, *77 409 N. Hamburg St. Bet. Eutaw & Phina.*
- Remarks,

For each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third* A. 10293
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 17th 1889*
4. Place of Birth (Street and Number) *616 Lee St Balto. Md.*
5. Full Name of Mother *Mrs. Rosanna H. Ryan*
6. Mother's Maiden Name *Miss Rosanna Higgins*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Timothy Ryan*
9. Father's Occupation *Coal Merchant*
Father's Birthplace *Ireland*
Name of Medical Attendant, or other Person who makes this Return. *Wm. McVickerson, M.D.*
Address *Arlington & Hurlem Aves.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c).....

A. 10074

1 Sex, (state whether male or female)

Female

2 Race or color, (if not of the white race)

White

3 Date of Birth,

Feb. 18th /89

4 Place of Birth, (Street and Number)...

227 S. Collingwood Ave.

5 Full Name of Mother,

Lorenia Augusta Bell

6 Mother's Maiden Name,

Hanner

7 Mother's Birthplace,

City

8 Full Name of Father,

Charles Robert Bell

9 Father's Occupation,

Boat Keeper

10 Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

C. P. Cronshaw

Address,

1835 E. Baltimore St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3A 295
Female

February 18/84

N^o 304 Eastern Ave High Street

Mary. Balling

Loetz

Germany

Joseph Balling

Laborer

Germany

Mrs. Louise Kraft

N^o 405 S. Washington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

10095

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 18th 1889

4. Place of Birth, (Street and Number)

921 E. Biddle St.

5. Full Name of Mother,

Annica Eline

6. Mother's Maiden Name,

Annica E. Bisher

7. Mother's Birthplace,

Fredericksburg Va

8. Full Name of Father,

John E. Eline

9. Father's Occupation,

Steam Engineer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

A. G. Stratton

Address,

1301 N. Central Ave

Remarks,

duty of the parent or parents of such child to report the birth, to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50 for each offence, to be recovered as above directed and recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th A. 10097
Female

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth.

18th Feb. 1889

4. Place of Birth, (Street and Number)

540 Port Ave

5. Full Name of Mother.

Rosa Ludrick

6. Mother's Maiden Name,

Lyons

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Ludrick

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Gerwell

Address,

540 Port Ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 1007's

1. Sex (state whether male or female),

Male - Howard Albert Johnson

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 18th 1889

4. Place of Birth (Street and Number),

515 Bloom St

5. Full Name of Mother,

Emma Johnson

6. Mother's Maiden Name,

Titchner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry L Johnson

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Chas E. Hatter

Address,

2108 Mount Hill Ave

Remarks,

Full name of child added in mother upon applying for
a transcript Emma B Johnson
Signature Feb 22 1890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 10099*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Feb. 18. 1889*
4. Place of Birth, (Street and Number) *2111 Gough St.*
5. Full Name of Mother, *Mary Lucie Gable Dottle*
6. Mother's Maiden Name, *" Gable*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Jacob Daniel Dottle*
9. Father's Occupation, *Provisions dealer*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other person who makes this Return, *G. L. Lusk M.D.*
- Address, *2000 E. 12th St.*
- Remarks, *Natural delivery*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. *10* of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child* *A. 10/100*
 (state whether ~~male~~ or female)
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *February 18th 1889*
 4. Place of Birth, (Street and Number) *N. Spring St. No. 1627*
 5. Full Name of Mother, *Maria Meier*
 6. Mother's Maiden Name, *Maria Brauer*
 7. Mother's Birthplace, *Friedeberg, Prussia Germany*
 8. Full Name of Father, *Leonhart Meier*
 9. Father's Occupation, *Bricklayer*
 10. Father's Birthplace *Kumro, Prussia Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mary E. Miller*
 Address, *N. Dallas St. No. 114*
 Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 10107

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 18th 1889

4. Place of Birth, (Street and Number)

1530 Eastern ave -

5. Full Name of Mother,

Barbara Rufinice

6. Mother's Maiden Name,

" " Tracy.

7. Mother's Birthplace,

Calty

8. Full Name of Father,

John Rufinice -

9. Father's Occupation,

P. Laborer.

10. Father's Birthplace,

Calty

Name of Medical Attendant, or other person who makes this Return.

Mrs. Eliza B. B. B.

Address,

1214 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Lazarus 10102

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 18th 89

4. Place of Birth, (Street and Number)

123 Pearl St

5. Full Name of Mother,

Minnie Book

6. Mother's Maiden Name,

" Rubin

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Jacob Book

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address,

103 Albemarle St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7)* 10103
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 18th*
 4. Place of Birth, (Street and Number) *# 1809 Division St*
 5. Full Name of Mother, *Emma Prentiss*
 6. Mother's Maiden Name, *Giles*
 7. Mother's Birthplace, *York, York Co. Penna*
 8. Full Name of Father, *Samuel H. Prentiss*
 9. Father's Occupation, *Levee man "W. C. Railroad"*
 10. Father's Birthplace, *Baltimore City Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. E. Dumay*
 Address, *No 1927 W. Lombard St*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second child* A 10701
- Sex, (state whether male or female) *male child*
- Race or color, (if not of the white race) *colored*
- Date of Birth, *Feb. 18, 1889*
- Place of Birth, (Street and Number) *117 Carlton St*
- Full Name of Mother, *Treasey Dent*
- Mother's Maiden Name, *Treasey Blean*
- Mother's Birthplace, *Charles, Co. Md*
- Full Name of Father, *Marcellus Dent*
- Father's Occupation, *Labrens*
- Father's Birthplace, *St. Marys, County, Md*
- Name of Medical Attendant, or other person who makes this Return, *Marcellus Dent*
- Address, *11218 Arbutus*
- Remarks,

received to the tune of ten thousand dollars for each one, to be received as other lands and settlements are recoverable.

received to the tune of ten thousand dollars for each one, to be received as other lands and settlements are recoverable.

- received to the tune of ten thousand dollars for each one, to be received as other lands and settlements are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4 A 10101

Sex, (state whether male or female) female

Race or color, (if not of the white race) white

Date of Birth, February 18th 1889

Place of Birth, (Street and Number) Baltimore No 2020 Hollins

Full Name of Mother, Mary Baker

Mother's Maiden Name, Mary Gary

Mother's Birthplace, Baltimore

Full Name of Father, Charles Baker

Father's Occupation, Fire department

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 12 Calender Street Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 2nd A. 10107

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) colored

3. Date of Birth, Feb. 18th 1889

4. Place of Birth, (Street and Number) 7 Myonizing St

5. Full Name of Mother, Mollie Thompson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, Samuel Thompson

9. Father's Occupation, Laborer

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, J. C. D. D. D.

Address, Health Department

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 10108
1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Feb. 18th 1889
 4. Place of Birth, (Street and Number) 101 S. Exeter st.
 5. Full Name of Mother, Hannah Tetter
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, Europe
 8. Full Name of Father, Solomon Tetter
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Europe
 - Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein
 - Address, 122 S. Exeter st.
 - Remarks, _____

Any person who fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH
APR 5 1899
BALTIMORE, MD.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 10109

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) Negro

4. Date of Birth, Feb. 18th 89

5. Place of Birth, (Street and Number) 632 N. Lombard St (W. 60th)

6. Full Name of Mother, Lina Brooks

7. Mother's Maiden Name, " "

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Not Known

10. Father's Occupation, " "

11. Father's Birthplace, " "

12. Name of Medical Attendant, or other person who makes this Return, L. E. Neale M.D.

13. Address, 319 W. Monument St

14. Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 10/110

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb. 18th

4. Place of Birth, (Street and Number)

1349 S. Greenmont

5. Full Name of Mother,

Mary Dora

6. Mother's Maiden Name,

McChaley

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Dora

9. Father's Occupation,

Labored

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

C. L. Goodenough

Address,

415 S. Pacas St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A* *10111*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Feb. 18th 1889*

4. Place of Birth, (Street and Number) *304 President st.*

5. Full Name of Mother, *Celeste De Mattais*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Antonio De Mattais*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other person who makes this Return. *Mrs. C. Bernstein*

Address, *122 S. Cyeter st.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

A. 11112

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 19th. 1889

4. Place of Birth, (Street and Number)

112 Hartford road

5. Full Name of Mother,

Mary Shaifle

6. Mother's Maiden Name,

Mary Birch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adolph Shaifle

9. Father's Occupation,

Giannos Maker

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs M. A. Butt

Address,

1245 Monument St. cor Central av

Remarks,

All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 10/113

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, February 19th 1889

4. Place of Birth, (Street and Number) Wilson St. Maryland Balto. Md.

5. Full Name of Mother, Emma Grub

6. Mother's Maiden Name, Lyons

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. Taylor Grub

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M. D.

Address, 811 Jefferson Ave. Maryland Balto. Md.

Remarks,

any such person or persons who shall be convicted of failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 10114
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Feb. 19 - 1889
 4. Place of Birth, (Street and Number) 101 N. E. 11th St.
 5. Full Name of Mother, Mary Killen
 6. Mother's Maiden Name, Cartigan
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, William H. Killen
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A. 10 115
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 Feb. 1889
4. Place of Birth, (Street and Number) 1242 N. Washington St
5. Full Name of Mother, Josephine Klaus
6. Mother's Maiden Name, " Wolring
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frederick Klaus
9. Father's Occupation, Police Officer
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, Mrs. Rose Ulbrich
or other person who makes this Return.
- Address, 302 Holland
- Remarks, Balto.

Birth records are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 10115
1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, February 19th 1889
4. Place of Birth, (Street and Number) Baltimore Pratt No 5020
5. Full Name of Mother, Maggie Sculley
6. Mother's Maiden Name, Maggie Barry
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Sculley
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell
- Address, No 112 Calender Street Baltimore
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A-10117*

Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *July 19. 89.*

4. Place of Birth, (Street and Number) *1137 Carroll St.*

5. Full Name of Mother, *Kate Turner*

6. Mother's Maiden Name, *" Stille*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *D. H. Turner*

9. Father's Occupation, *Stenciler*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other person who makes this Return. *J. N. Robinson M.D.*

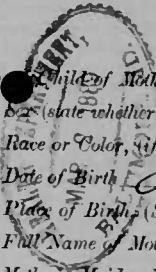
Address, *726 E. Preston St.*

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No.  Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 11115

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 19th 1889

4. Place of Birth (Street and Number)

1504 Lafayette Ave

5. Full Name of Mother

Leanne Reed

6. Mother's Maiden Name

Burch

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

William Reed

9. Father's Occupation

Cashier

10. Father's Birthplace

Iowa

Name of Medical Attendant,

or other Person who
makes this Return.

W. D. McKim

Address

1401 Luman Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child* *A. 10119*
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) _____
3. Date of Birth, *February 19th 1889.*
4. Place of Birth, (Street and Number) *#1108 Lemon St.*
5. Full Name of Mother, *Carrie Mitchell*
6. Mother's Maiden Name, *" " Priester*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ernst Mitchell*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Hessen Darmstadt*
- Name of Medical Attendant, or other person who makes this Return *Annie Lindner*
- Address, *#106 S. Monroe St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10120

4th

female

White

19th of February

55 Garrison Lane

Lena Schrank

Lena Pierskij

Germany

David Schreck

Brauer

Germany

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Friedrich Hecker midwife

Address,

2116 West Pratt St.

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

~~ORIGINAL NAME ADDED~~ 9-19-36
~~RETURN~~ OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Helen Elizabeth Gerlach* A. 1012-1
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Feb 19th, 1889*
4. Place of Birth, (Street and Number) *1117 E. Balto. St*
5. Full Name of Mother, *Mary Gerlach*
6. Mother's Maiden Name, *Holl*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Larance Gerlach*
9. Father's Occupation, *Fresco Painter*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Miss Rose Alling*
- Address, *302 S. Holland*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd of 12*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *February 19/89*
4. Place of Birth, (Street and Number) *No 253 S. Carolinger St.*
5. Full Name of Mother, *Rosa Lukas*
6. Mother's Maiden Name, *Webster*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Charles Lukas*
9. Father's Occupation, *Paper Hanger*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Louise Kraft.*
- Address, *No 405 S. Washington St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A.* 11123

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Feb. 19, 1889*

4. Place of Birth, (Street and Number) *514 Wisquitte St.*

5. Full Name of Mother, *Esther Trachtenberg*

6. Mother's Maiden Name, *Frankel*

7. Mother's Birthplace, *Austria*

8. Full Name of Father, *Fisher Trachtenberg*

9. Father's Occupation, *Expressman*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *A. A. Himowitz M.D.*

Address, *514 Wisquitte St.*

~~Remarks~~ *Name of Child* *Sarha Trachtenberg*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III* *A. 10124*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 20 "89*

4. Place of Birth, (Street and Number) *672 W. Lombard St. (H. Co. St.)*

5. Full Name of Mother, *Lizzie Kape*

6. Mother's Maiden Name, *Not Known*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Not Known*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other person who makes this Return, *L. E. Keale M.D.*

Address, *219 W. Monument St.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 Feb.

4. Place of Birth, (Street and Number) 925 Somerset St

5. Full Name of Mother, Maggie Tragerer

6. Mother's Maiden Name, Peters

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Tragerer

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this return.

Miss Rose Ullig

Address,

302 Holland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

A. 11125

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

July 20th

4. Place of Birth, (Street and Number)

1456 William St

5. Full Name of Mother,

Sarah A. Brady.

6. Mother's Maiden Name,

" Brady

7. Mother's Birthplace,

New York

8. Full Name of Father,

John Brady

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. C. Burch M.D.

Address,

511 Stanton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 11127

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 February 1889

4. Place of Birth, (Street and Number)

1242 Johnson Street

5. Full Name of Mother,

Hale Gocner

6. Mother's Maiden Name,

Levy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Walter A. Munnich

Address,

800 Edenhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10.12.5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 20th

4. Place of Birth, (Street and Number)

1426 Patapsco est Balto. dist.

5. Full Name of Mother,

Annie May Rattman

6. Mother's Maiden Name,

Bahlman

7. Mother's Birthplace,

Balto. dist.

8. Full Name of Father,

John Rattman

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Beveria Germany

Name of Medical Attendant, or other person who makes this Return,

Katharina W. W. W.

Address,

800 Seadenhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *A. 10129*
2. Sex, (state whether male or female) *Male Frank Andrew Fannon*
3. Race or Color, (if not of the white race)
4. Date of Birth, *Feb. 20 1889*
5. Place of Birth, (Street and Number) *46 Albemarle St.*
6. Full Name of Mother, *Lizze (Janian) Fannon*
7. Mother's Maiden Name, *Kuttrick*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Frank (Janian) Fannon*
10. Father's Occupation, *Hack-driver*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other person who makes this Return, *Mary Stein*
13. Address, *1427 E. Pratt St.*
14. Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 10136

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, February 20th 1889

4. Place of Birth, (Street and Number) London Ave 20

5. Full Name of Mother, Clara Vogt

6. Mother's Maiden Name, Clara Jenkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel M. Vogt

9. Father's Occupation, Baker

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Lewis A 16 131

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 20 / 09

4. Place of Birth, (Street and Number)

717 E. Fayette St

5. Full Name of Mother,

Rachel Swartz

6. Mother's Maiden Name,

Dubilia

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Abraham Swartz

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address, 1034 Albenmarle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A. 10133

1. Sex, (state whether male or female)

Boy

2. Race or color, (if not of the white race)

3. Date of Birth,

20

Feb

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Connor

6. Mother's Maiden Name,

7. Mother's Birthplace,

W. Va.

8. Full Name of Father,

Thomas Connor

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* *A* *101311*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15 January 20th 1889*

4. Place of Birth, (Street and Number) *1630 Wisconsin St.*

5. Full Name of Mother, *Nester Ecelston*

6. Mother's Maiden Name, *Nester Burns*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *William Ecelston*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *A. G. Watson*

Address, *1307 Central Ave*

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A.

10135

1. Sex, (State whether male or female)

Male
White

2. Race or color, (if not of the white race)

3. Date of Birth,

May 29th 1889

4. Place of Birth, (Street and Number)

650 Columbia Ave

5. Full Name of Mother,

Annie E. Worthan

6. Mother's Maiden Name,

" " " " " " " " " " " "

7. Mother's Birthplace,

Va

8. Full Name of Father,

Wm. H. Worthan

9. Father's Occupation,

Sailorman

10. Father's Birthplace,

Va

Name of Medical Attendant, or other person who makes this Return.

Therodas Cooper M.D.
914 N. Charles St. Balt.

Address,

Remarks,

placed to the use of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *four* *A. 1013.*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *Color*
3. Date of Birth. *February 20*
4. Place of Birth, (Street and Number) *203 Laurel Street*
5. Full Name of Mother, *Emmer Tallor*
6. Mother's Maiden Name, *Emmer Bramm*
7. Mother's Birthplace, *is Stern shore*
8. Full Name of Father, *Frederick Tallor*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Harriet Jackson*
- Address, *1016 Douglass Street* *city*
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be
subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11* *A. 10137*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Negro*
3. Date of Birth, *Feb. 20th 89*
4. Place of Birth, (Street and Number) *622 W. Lombard St. (Hospital)*
5. Full Name of Mother, *Josephine Antony*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Not Known*
9. Father's Occupation, *" "*
10. Father's Birthplace, *" "*
- Name of Medical Attendant, or other person who makes this Return. *L. E. Neale M.D.*
- Address, *319 W. Monument St.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of ☒ of Mother, (state whether 1st, 2d, 3d, &c.)

A 10135

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

Date of Birth,

February 20

Place of Birth, (Street and Number)

Chapel St. 516

Full Name of Mother,

Maria Barrett

Mother's Maiden Name,

Maria Felim

Mother's Birthplace,

Gabray County Ireland

Full Name of Father,

Barlet Barrett

Father's Occupation,

Laborer

Father's Birthplace,

Gabray County Ireland

Name of Medical Attendant, or other Person who makes this Return

Ellen Smith

Address,

1913 Eastern ave. city

Remarks,

Missing #A 10139

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 1011/0
1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Febr. 20th 1889
 4. Place of Birth, (Street and Number) Stummers St.
 5. Full Name of Mother, Julia Bulger
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, John Bulger
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein
- Address, 122 S. Exeter st.
- Remarks, _____

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health

6th

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 21st 1889*

4. Place of Birth, (Street and Number) *824 Vincent-Hill Bldg Md*

5. Full Name of Mother, *Sarah Parker*

6. Mother's Maiden Name, *Chent*

7. Mother's Birthplace, *Calvert County Md*

8. Full Name of Father, *Edward Parker*

9. Father's Occupation, *Coal Miner*

10. Father's Birthplace, *Calvert Co Md*

Name of Medical Attendant, or other person who makes this Return, *Sarah Polaris*

Address, *1616 Vincent Avenue near Baker*

Remarks,

Missing [#]A 10141 - [#]A 10146, incl
could be

[#]A 10142 - [#]A 10147, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mamie Zink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *101148*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth, *February the 21st - 1889*

4. Place of Birth, (Street and Number) *Baltimore Charles St 1415*

5. Full Name of Mother, *Gianna Zink*

6. Mother's Maiden Name, *Walter*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry C Zink*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Elizabeth Sluthorn*

Address, *Light St No 1514*

Remarks, *GIVEN NAME ADDED 5-12-54*

L. M.

Each report is subject to the examination of the Registrar, and the Registrar and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I A. 10149

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 22^d 1889

4. Place of Birth, (Street and Number)

626 N. Calvert St

5. Full Name of Mother,

Mrs Geo. Harrison

6. Mother's Maiden Name,

Mamie Brooks

7. Mother's Birthplace,

Cumberland Md

8. Full Name of Father,

Geo. Harrison

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Charlottesville Va

Name of Medical Attendant, or other Person who makes this Return.

L. E. Neale M.D.

Address,

319 W. Monument St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and for claims are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

A. 10157

1. Sex, state whether male or female.

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

22 February

4. Place of Birth, (Street and Number)

1021 Eastern Avenue

5. Full Name of Mother,

Katie Reese

6. Mother's Maiden Name,

Bodenbach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Reese

9. Father's Occupation,

Ice driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Granby Street

Remarks.

Printed by the City of Baltimore, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A. *10157*

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb'y 22^d 1889

4. Place of Birth, (Street and Number)

1510 W. Pratt, St.

5. Full Name of Mother,

Sarah E. (Conley) Conley

6. Mother's Maiden Name,

King

7. Mother's Birthplace,

Ellicott City Md.

8. Full Name of Father,

James T. (Conley) Conley

9. Father's Occupation,

Tinner

10. Father's Birthplace,

District of Columbia

Name of Medical Attendant, or other person who makes this Return.

Dr. H. H. Warner, M.D.

Address,

814 W. Lombard, St.

Remarks,

Natural Labor, Name of child Mary E Conley

For any person who fails to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50 for each offence. To be recovered as other fines and forfeitures are recoverable.

Missing #H 10152

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10153

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22. Febr. 1889

4. Place of Birth, (Street and Number)

500 Little Montgomery St.

5. Full Name of Mother,

George Hoch Dorothea

6. Mother's Maiden Name,

Reinhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Hoch

9. Father's Occupation,

Lawyer in Boye Factory

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Katharina Weyand

Address,

800 Leadenhall St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other misdemeanors are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10157

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 22/89

4. Place of Birth, (Street and Number)

W^c 503 S. Bond St.

5. Full Name of Mother,

Pauline Mallowsky

6. Mother's Maiden Name,

Meier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Mallowsky

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Poler

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft.

Address,

W^c 40 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 10103

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 22 1889

4. Place of Birth, (Street and Number) Baltimore 1810 Byrd St

5. Full Name of Mother, Mary Amy

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Amy

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address. 1724 Johnson St near Barney

Remarks, Mother and child are doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child ~~Acorn~~

1 Sex, (state whether male or female)

female

2 Race or Color, (if not of the white race)

3 Date of Birth,

Feb 22nd 1889

4 Place of Birth, (Street and Number)

N. 624 Light st

5 Full Name of Mother,

Abory J. Girsal

6 Mother's Maiden Name,

Weinek

7 Mother's Birthplace,

Austria

8 Full Name of Father,

Emanuel Girsal

9 Father's Occupation,

Tailor

Father's Birthplace,

Austria

Name of Medical Attendant, or other person who makes this Return.

J. Schaeffer midwife

Address,

1032 Hanover st.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A. 10157

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 22nd. 1889.

4. Place of Birth, (Street and Number) 1127 Hartford road

5. Full Name of Mother, Rosa Dutze

6. Mother's Maiden Name, Rosa Trasher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie Dutze

9. Father's Occupation, Beer Brewer

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Butts

Address, 1245 Monument St. cor Central av

Remarks, All Well.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 61155

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 22nd

4. Place of Birth, (Street and Number)

1230 W Pratt St Balt Md

5. Full Name of Mother,

Emma Jane Webb

6. Mother's Maiden Name,

Emma Jane Thomas

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

John Henry Webb

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Gayleard

Address,

1140 W Pratt St Balt Md

Remarks,

for each office to be recovered as other lines and cancellations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 A 10159

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 22 1889

4. Place of Birth, (Street and Number)

613 Lafayette St. E.S.

5. Full Name of Mother,

Sarah Himmie

6. Mother's Maiden Name,

Sarah Lynch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Himmie

9. Father's Occupation,

Expressman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. Carter

Address,

1800 N. Baltimore St.

Remarks,

For each offense to be recovered as of the time and date of the return.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child A 16150
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth Feb 22 1889.
4. Place of Birth (Street and Number) No 506 Babel Alley
5. Full Name of Mother Genea Stricker
6. Mother's Maiden Name Genea
7. Mother's Birthplace in Germany
8. Full Name of Father Henry Stricker
9. Father's Occupation a Painter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return.
- Address Midwife Theresa Heller No 538 Pickett Line
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 10167

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 22nd 1889

4. Place of Birth, (Street and Number) 335 W. Biddle St.

5. Full Name of Mother, Annie W. Kindig

6. Mother's Maiden Name, Annie Urbach

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Saml C. Kindig

9. Father's Occupation, Mechanic

10. Father's Birthplace, Berlin Md

Name of Medical Attendant, or other Person who makes this Return Wm. H. Meyer, M.D.

Address, 310 W. Madison St.

Remarks, _____

Any person or persons who fill hereafter and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

A. 10152

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 23 '89

4. Place of Birth, (Street and Number)

622 N. Lombard St. (Hospital)

5. Full Name of Mother,

Ellen Green

6. Mother's Maiden Name,

Not Known

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 W. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such persons or persons, as to who, and for what, are recoverable, to be recovered as other fines and forfeitures are recoverable, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child ~~A~~ 1113

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 23 — 1889

4. Place of Birth, (Street and Number)

111 Fort av.

5. Full Name of Mother,

Mary Wilton

6. Mother's Maiden Name,

~~Evans~~ Evans

7. Mother's Birthplace,

America

8. Full Name of Father,

George Wilton

9. Father's Occupation,

Dinner

Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser midwife

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex* of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 10164
 2. *Sex*, (state whether male or female) Female
 3. *Race or Color*, (if not of the white race) White
 4. *Date of Birth*, 23 Feb
 5. *Place of Birth*, (Street and Number) 1723 E Eager St
 6. *Full Name of Mother*, Oliva Denton
 7. *Mother's Maiden Name*, " Ward
 8. *Mother's Birthplace*, Calvert Co
 9. *Full Name of Father*, John Denton
 10. *Father's Occupation*, Laborer
 11. *Father's Birthplace*, Anne Arundel Co
 12. *Name of Medical Attendant*, or other person who makes this Return, Mrs Julia Groome
 13. *Address*, 940 N. Gay St
 14. *Remarks*,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* *11/15/89*
1. Sex, (state whether male or female). *male*
2. Race or Color, (if not of the white race). *white*
3. Date of Birth, *23 Feb. 1890*
4. Place of Birth, (Street and Number) *Baltimore 923 Lexington St*
5. Full Name of Mother, *Mrs. Kate Carpare*
6. Mother's Maiden Name, *Mrs. Kate Barusch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr. Frank C. Carpare*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Sommer*
- Address, *217 Shoverder St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A 10 155

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 23 1889

4. Place of Birth, (Street and Number) 128 York Street

5. Full Name of Mother, Mary Graves

6. Mother's Maiden Name, Mary Benson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Graves

9. Father's Occupation, Missionary

Father's Birthplace, Beals Island

Name of Medical Attendant, or other person who makes this Return, Mary Maker 128 York Street

Address, Sarah E Dixon, makes this return 125 York Street

Remarks,

any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

A. *10 167*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 23rd 1889*

4. Place of Birth, (Street and Number) *625 Bradford ally*

5. Full Name of Mother, *Mary Stockman*

6. Mother's Maiden Name, *Star*

7. Mother's Birthplace, *City*

8. Full Name of Father, *William Stockman*

9. Father's Occupation, *Can maker.*

Father's Birthplace, *City*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Liza B. B.*

Address, *1414 B. B.*

Remarks, _____

any such person or persons as may be required to be recovered, as other laws and regulations are recoverable, fected to the fine of ten (10) dollars for each offense, to be recovered, as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 10168
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Negro
 3. Date of Birth, Feb. 23rd 87
 4. Place of Birth, (Street and Number) 622 W. Lombard St. (North)
 5. Full Name of Mother, Alice Williams
 6. Mother's Maiden Name, "
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Not Known
 9. Father's Occupation, "
 10. Father's Birthplace, "
 Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.
 Address, 919 W. Monument St.
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 10159

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, February 23rd 1884

4. Place of Birth (Street and Number), 550 Biddle St

5. Full Name of Mother, Josephine Huff

6. Mother's Maiden Name, Josephine Edwards

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Gilbert Edwards

9. Father's Occupation, Chorser

10. Father's Birthplace, St Marys Co.

Name of Medical Attendant, or other person who makes this Return, S. Charlotte Williams

Address, 607 N. Howard St.

Remarks, _____

The County, State, and City of Baltimore, Md., shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A

10/17/0

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

February 23rd 1884

4. Place of Birth (Street and Number),

550 Biddle St

5. Full Name of Mother,

Josephine Huff

6. Mother's Maiden Name,

Josephine Edwards

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Gilbert Edwards

9. Father's Occupation,

Horseler

10. Father's Birthplace,

St Marys Co.

Name of Medical Attendant, or other person who makes this Return.

Charlotte Williams

Address,

607 S. Howard St.

Remarks,

For each offense, to be recovered as usual, fine and imprisonment.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th* *A. 10170^{1/2}*
Sex (state whether male or female) *Male*
Race or Color, (if not of the white race) *Colored*
Date of Birth, *Feb 23rd 1889*
Place of Birth, (Street and Number) *827 China Street Balto. Md*
Full Name of Mother, *Charlotte C. Brown*
Mother's Maiden Name, *Wright*
Mother's Birthplace, *St. Island Dutch Guiana C. A.*
Full Name of Father, *Solomon W. Brown*
Father's Occupation, *Long-shore-man*
Father's Birthplace, *St. Island C. A.*
Name of Medical Attendant, or other Person who makes this Return *Sarah C. Brown*
Address, *# 827 China Street*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *10th* *A. 10.1.71*

Sex (state whether male or female),

female.

2. Race or Color (if not of the white race),

white

3. Date of Birth,

23. Feb.

4. Place of Birth (Street and Number),

406 Front St.

5. Full Name of Mather,

Kate Wernsing

6. Mother's Maiden Name,

Kate Strickhausen,

7. Mather's Birthplace,

Gettysburg Pa.

8. Full Name of Father,

William Wernsing.

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. D. Zink, Midwife.

Address,

907. Hillen St.

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *Morgan* *1872*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race)

3. Date of Birth, *Feb 24 89*

4. Place of Birth, (Street and Number) *108 Court alley*

5. Full Name of Mother, *Betty Simonson*

6. Mother's Maiden Name, *" Shugan*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Hyman Simonson*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *Dr. Scherman*

Address, *212 103 Albemarle st.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) And Golden A 16173

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. *Date of Birth.*

Feb 24th / 1889

4. *Place of Birth, (Street and Number)*

1113 L. Mc Elderry A.

5. *Full Name of Mother,*

Clara Sugarman

6. *Mother's Maiden Name,*

" Klion

7. *Mother's Birthplace,*

Galiccia - Austria

8. *Full Name of Father,*

Bernard Sugamam

9. *Father's Occupation.*

Button Hall maker

Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Schermer

Address, N 103 Albemarle st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Harris A 1847

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) _____

3. Date of Birth, Feb 24th 89

4. Place of Birth, (Street and Number) 53 L. Front St.

5. Full Name of Mother, Etta Torman

6. Mother's Maiden Name, " Chiat

7. Mother's Birthplace, Russia

8. Full Name of Father, Lewis Torman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 103 Albemarle St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Frederick Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 10175

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, *February 24 - 1889*

4. Place of Birth, (Street and Number) *602. W. Hamburg. St.*

5. Full Name of Mother, *H. Schmidt*

6. Mother's Maiden Name, *H. Frank*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *H. Schmidt*

9. Father's Occupation, *Cigar-maker*

Father's Birthplace, *Baltimore*

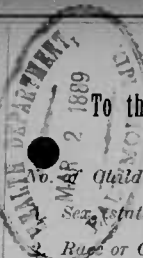
Name of Medical Attendant, or other person who makes this Return, *Catharina Wmisch*

Address, *800 Eadenhall St.*

Remarks, **GIVEN NAME ADDED** *3-2-89*

1-20

any such person or persons as may be convicted of this offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. *Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child A. 10175*
- Sex, *(state whether male or female)*
1. Race or Color, (if not of the white race) *White*
2. Date of Birth, *February 22nd 1889*
3. Place of Birth, (Street and Number) *Jefferson St No 2007*
4. Full Name of Mother, *Elisabeth Schönlein*
5. Mother's Maiden Name, *Elisabeth Oldenworte*
6. Mother's Birthplace, *Duram. Prussia Germany*
7. Full Name of Father, *Lorenz Schönlein*
8. Father's Occupation, *Carpenter*
9. Father's Birthplace, *Hernsdorf. Württemberg Germany*
- Name of Medical Attendant, *or other person who makes this Return, Mary E. Müller*
- Address, *N. D. Allen St No 114*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child ~~A~~ 12/77

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 24th 1889

4. Place of Birth, (Street and Number)

1321 Hanover st.

5. Full Name of Mother,

Catherin Phillips

6. Mother's Maiden Name,

Lentz

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Phillips

Father's Occupation,

Tinner

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return,

J. Schwasser midwife

Address,

1032 Hanover st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

A. 10178

1. Sex. (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 24th 1889

4. Place of Birth, (Street and Number) 284 Harrison st.

5. Full Name of Mother, Sarah Goldberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Barnett Goldberg

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 10150

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February of 24

4. Place of Birth, (Street and Number) 20. Golds. Court

5. Full Name of Mother, Annie Granger

6. Mother's Maiden Name, Annie Himmel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Granger

9. Father's Occupation, Seabor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Auguste Bozien
or other person who makes this Return.

Address, 927 South Liberty St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10121

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 24 - 1889

4. Place of Birth, (Street and Number)

1413 Bank St.

5. Full Name of Mother,

Maggi Stein

6. Mother's Maiden Name,

Schatz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Ph. Stein

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who make this Return.

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First A. 10182
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Sunday February 24th 89
4. Place of Birth, (Street and Number) 538 W. Hoffman St
5. Full Name of Mother, Agnes Stevens
6. Mother's Maiden Name, Agnes Brooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. R. Stevens
9. Father's Occupation, waiter
10. Father's Birthplace, Eastville Va
- Name of Medical Attendant, Elmlich M.D.
or other Person who makes this Return.
- Address, Park Ave & Mulberry St
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 161813

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

February 20th. 89.

4. Place of Birth, (Street and Number)

208 N. Arlington Ave.

5. Full Name of Mother,

Emma Kennedy

6. Mother's Maiden Name,

Emma Keller

7. Mother's Birthplace,

Baltimore, Ind.

8. Full Name of Father,

Timothy J. Kennedy

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore, Ind.

Name of Medical Attendant, or other Person who makes this Return.

H. C. Oiler, M.D.

Address,

1121 N. Fayette St. ex. Carrollton Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd Child **A.** 10184

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 25th 1889

4. Place of Birth, (Street and Number)

1221 William st.

5. Full Name of Mother,

Mathew Prill

6. Mother's Maiden Name,

Mathews

7. Mother's Birthplace,

America

8. Full Name of Father,

John Prill

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser midwife

Address,

1032 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A. 17145*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 25th 1889*

4. Place of Birth, (Street and Number) *3007 E. Preston St.*

5. Full Name of Mother, *Margaret Hannah*

6. Mother's Maiden Name, *Margaret Golger*

7. Mother's Birthplace, *Baltimore Co. Md.*

8. Full Name of Father, *Henry G. Hammer*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *A. G. Watson*

Address, *1301 N. Central Ave.*

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child ~~A~~ April 1885

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

4. Date of Birth,

Feb. 25. 1889.

5. Place of Birth, (Street and Number)

818 N. Gay St.

6. Full Name of Mother,

Lella Minnie Barnes

7. Mother's Maiden Name,

Cheney

8. Mother's Birthplace,

So. Derry Vermont

9. Full Name of Father,

Albert Herman Barnes

10. Father's Occupation,

Baker

11. Father's Birthplace,

Walpole N. H.

Name of Medical Attendant, or other person who makes this Return,

Mrs Julia Groome

Address,

940 N. Gay St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d / 10137

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 23 / 89

4. Place of Birth, (Street and Number)

N^o 916 I. Ave. Highlandtown

5. Full Name of Mother,

Kate Miller

6. Mother's Maiden Name,

Wolfermann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christian Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Craft.

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 10/18/88

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 25 1889

4. Place of Birth, (Street and Number) 517 Eden St.

5. Full Name of Mother, Matilda Duke

6. Mother's Maiden Name, " " Albright

7. Mother's Birthplace, City

8. Full Name of Father, Adam Duke

9. Father's Occupation, Lumber Mill

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Betz

Address, 1244 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 10159

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25 February 1899

4. Place of Birth, (Street and Number)

425 N. Central Avenue

5. Full Name of Mother,

John Howard Mary G. Hutchinson

6. Mother's Maiden Name,

Mary G. Barber

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John Howard Hutchinson

9. Father's Occupation,

Doctor -

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

L. H. H. H. H.

Address,

1425 N. Central Ave

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 female A. 1140

1. Sex, (State whether male or female)

female W.

2. Race or color, (if not of the white race).

3. Date of Birth,

Feb. 25th 1882

4. Place of Birth, (Street and Number)

Frank's Slechte
Kilian

5. Full Name of Mother,

6. Mother's Maiden Name,

#926 N. "Bond" A.

7. Mother's Birthplace,

Bohemie

8. Full Name of Father,

Maik Slechte

9. Father's Occupation,

tailor

10. Mother's Birthplace,

Bohemie

Name of Medical Attendant, or other person who makes this Return.

Address,

Josephine (Quard)
1621 Barnes

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. A. 12/91

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 25/2 89

4. Place of Birth, (Street and Number) 17. Goulding St.

5. Full Name of Mother, _____

6. Mother's Maiden Name, Bernhardine Kark

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Boese

9. Father's Occupation, Sawyer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minch

Address, 800 Seabrook St.

Remarks, _____

jected to the type of ten the dollars for each offense, to be received as fines, and such returns are recoverable.

MAR 2 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 ed.

A. 10192

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 25th. 1889

4. Place of Birth, (Street and Number)

1623 St. Joseph St.

5. Full Name of Mother,

Maggie Warner

6. Mother's Maiden Name,

Breitenbach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charlie Warner

9. Father's Occupation,

Traveling Agent.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Butt

Address, 1245 Monument St. cor Central av.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A. 10143

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 25th 1889

4. Place of Birth, (Street and Number)

400 Front St.

5. Full Name of Mother,

Lizzie Dockel

6. Mother's Maiden Name,

" Metzger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Dockel

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Mrs M. A. Budd

Address,

1245 Monument St. For Central av

Remarks,

All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second A 1094*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 25-89*

4. Place of Birth, (Street and Number) *957 N. Chester St*

5. Full Name of Mother, *Ida. M. E. Chapman*

6. Mother's Maiden Name, *" " Sandrick*

7. Mother's Birthplace, *W. Va.*

8. Full Name of Father, *John. H. Chapman*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return. *Mrs Mary A. Allwell*

Address, *912 W. Bonough St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10195

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th day of February
4. Place of Birth, (Street and Number) 151 Stockholm
5. Full Name of Mother, Minnie Jenkins
6. Mother's Maiden Name, Minnie Spenecker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Albert Jenkins
9. Father's Occupation, Painter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Katharine Munch
800 Seadenhall St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A1195*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth, *February the 26th*
4. Place of Birth, (Street and Number) *Baltimore Brimcutt St 1528*
5. Full Name of Mother, *Mary E Abbey*
6. Mother's Maiden Name, *Fogler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W Abbey*
9. Father's Occupation, *stevedore*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Elizabeth Lathorn*
- Address, *light st No 1514*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10/97
2 2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26th of February

4. Place of Birth, (Street and Number)

No. 2 Lexington St

5. Full Name of Mother,

Chatharina Böhm

6. Mother's Maiden Name,

Catherine Böhm

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Schmidt

9. Father's Occupation,

Butcher

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Friederick Reuter M.D.

Address,

2116 West Pratt St

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* *A. 10198*

1. Sex, (state whether male or female) *Female.*

2. Race or color, (if not of the white race). *White, race.*

3. Date of Birth, *Feb. 24/89.*

4. Place of Birth, (Street and Number) *No. 1754, Hanover, St.*

5. Full Name of Mother, *Kate, Lippuy*

6. Mother's Maiden Name, *Emrick.*

7. Mother's Birthplace, *Ellicott, Cy, Md.*

8. Full Name of Father, *Charles Lippuy*

9. Father's Occupation, *Labor.*

10. Father's Birthplace, *Balto, Md.*

Name of Medical Attendant, or other person who makes this Return, *Annie, Geens.*

Address, *No. 1714, Light, St.*

Remarks, *Geens. Respectfully.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th ⁴ ^Λ 16194

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 26th '89

4. Place of Birth, (Street and Number)

815 N. Durham St

5. Full Name of Mother,

Magie Vacc

6. Mother's Maiden Name,

Rihl

7. Mother's Birthplace,

" " Bohemia

8. Full Name of Father,

John Vacc

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conant
1621 Barnes St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 11200

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Feb 26/89

4. Place of Birth (Street and Number),

2129 Fairmount av.

5. Full Name of Mother,

Ida Noel

6. Mother's Maiden Name,

u Moore

7. Mother's Birthplace,

Mississippi

8. Full Name of Father,

W. F. Noel

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Va.

Name of Medical Attendant, or other person who makes this Return.

R. W. Mansfield M.D

Address,

129 S Broadway

Remarks,

GIVEN NAME ADDED ~~7-2-37~~

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Anna — ~~Kaufman~~ **A** 10201

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 26 Feb - 1889

4. Place of Birth, (Street and Number) 70 Marst Market Place

5. Full Name of Mother, Lizzie Kaufman

6. Mother's Maiden Name, Abraham

7. Mother's Birthplace, Europe

8. Full Name of Father, Philipp Kaufman

9. Father's Occupation, Clothing Store

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Ulbig

Address,

1302 Hollands

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

A *10202*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *26 Feb.*

4. Place of Birth, (Street and Number) *2214 Bough St*

5. Full Name of Mother, *Dora Hincle*

6. Mother's Maiden Name, *" Ganz*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Fredrick Hincle*

9. Father's Occupation, *Police Officer*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Hlbig

Address,

1302 Hollander

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th.* *A.* *16203*

1. *Female* (state whether male or female)

2. *White* Race or color, (if not of the white race)

3. *February 26th 1889.* Date of Birth,

4. *259 Chestnut-av.* Place of Birth, (Street and Number)

5. *Josephine Brooks* Full Name of Mother,

6. *Do* Mother's Maiden Name,

7. *Ind.* Mother's Birthplace,

8. *George Brooks.* Full Name of Father,

9. *Machinist.* Father's Occupation,

10. *Delaware.* Mother's Birthplace,

Name of Medical Attendant, or other person who makes this Return. *Chas. H. Mitchell M.D.*

Address, *295 Chestnut ave.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any and every person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines paid forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A. 102-114
- 1. Sex, (state whether male or female) female
- 2. Race or Color, (if not of the white race) white
- 3. Date of Birth, Feb. 26. 1889.
- 4. Place of Birth, (Street and Number) 1544 N. Fremont Ave.
- 5. Full Name of Mother, Rosa Ella Chaney
- 6. Mother's Maiden Name, Marsh
- 7. Mother's Birthplace, Balto. Co.
- 8. Full Name of Father, Andrew W. Chaney
- 9. Father's Occupation, Clerk
- Father's Birthplace, Annapolis Md.
- Name of Medical Attendant, or other person who makes this Return, J. D. Christian, M.D.
- Address, 1821 Madison Ave.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A.

1889

1. ☒ (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 26, 89

4. Place of Birth, (Street and Number)

1104 N. Street

5. Full Name of Mother,

Eda Bennett

6. Mother's Maiden Name,

Lee

7. Mother's Birthplace,

va

8. Full Name of Father,

Geo. M. Bennett

9. Father's Occupation,

Comm. Merchant

10. ☒ Father's Birthplace,

va

Name of Medical Attendant,

or other Person who makes this Return

S. M. Huntley

Address,

1002 E. Broadway Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh* **A.** *1820*

1. Sex, (State whether male or female) *Male.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *February 26th 1889.*

4. Place of Birth, (Street and Number) *#2437. E. Monument street.*

5. Full Name of Mother, *Sarah von Hardeck.*

6. Mother's Maiden Name, *Sarah Glaser.*

7. Mother's Birthplace, *Shyrzburg, Prussia.*

8. Full Name of Father, *Friedrich von Hardeck.*

9. Father's Occupation, *Superintendent Metropolitan Life Insurance Co.*

10. Father's Birthplace, *Prussia. Europe*

Name of Medical Attendant, or other person who makes this Return. *Dr. John Davis.*

Address, *#335. W. Chester St. Baltimore Maryland.*

Remarks, *Natural delivery.*

~~GIVEN NAME AND~~ 2-20-87
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank August King A. 10207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 26th. 1889*

4. Place of Birth, (Street and Number) *815 Gay St.*

5. Full Name of Mother, *Mary King*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Mary Wain*

8. Full Name of Father, *Frank King*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs M. A. Butt*

Address, *1245 Monument St cor Central av*

Remarks, *All Well*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

A. 10208

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb'y 26th 1889

4. Place of Birth (Street and Number) 818 Harlem Ave.

5. Full Name of Mother Mrs Nellie Weaver

6. Mother's Maiden Name Miss Nellie House

7. Mother's Birthplace Ohio

8. Full Name of Father Daniel L. Weaver

9. Father's Occupation Agricultural Implement Agent

10. Father's Birthplace Ohio

Name of Medical Attendant, or other Person who makes this Return.

Wm. McVickerson, M.D.,
Bilington & Harlem Ave

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2-2

1. Sex, (State whether male or female)

Male - John Ward

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 26th

4. Place of Birth, (Street and Number)

1425 Hanover

5. Full Name of Mother,

Catherine Ward

6. Mother's Maiden Name,

" Cain

7. Mother's Birthplace,

City

8. Full Name of Father,

Peter Ward

9. Father's Occupation,

Latimer

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. J. Bunch M.D.

Address,

511 Hanover

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *three* *A. 10212*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *color*
3. Date of Birth, *February 26*
4. Place of Birth, (Street and Number) *10 1904 jefferson street*
5. Full Name of Mother, *Lucie Dalsey*
6. Mother's Maiden Name, *Lucie Jaker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry Dalsey*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Horatio Jackson*
- Address, *10 16 Douglas st*
- Remarks,

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 11211

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb. 26th

4. Place of Birth, (Street and Number)

335 Broadway st.

5. Full Name of Mother,

Reidaa Hochmuntach

6. Mother's Maiden Name,

" Müller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis H. Müller

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

C. L. Brundage

Address,

418 S. Paca st

Remarks,

attendance upon the mother, immediately after the birth of the child to report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations. If any such person or persons so shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 10212
The 2nd Child
Stillborn
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 of Dec 1889

4. Place of Birth, (Street and Number)

No 714 Colvin Place

5. Full Name of Mother,

Mary Whitley

6. Mother's Maiden Name,

Emily O'Neill

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Whitley

9. Father's Occupation,

Tray Trunk Driver

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Mrs Ch. Lauer

Address,

No 1059 Highland Ave

Remarks,

Test Md

1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

A. 11213

1. ☒ (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 27th 1889

4. Place of Birth, (Street and Number) 2108 E. Pratt St.

5. Full Name of Mother, Birdie Philips

6. Mother's Maiden Name, " Roff

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Edwin H. Philips

9. Father's Occupation, Carpenter

10. ☒ Father's Birthplace, Dorchester County - Md

Name of Medical Attendant, or other Person who makes this Return

Mr. E. Russell

Address, 200 N. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A. 10214

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 27 Feb.

4. Place of Birth, (Street and Number) 202 S. Spring

5. Full Name of Mother, Jennie Banks

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Europe

8. Full Name of Father, Wolf Banks

9. Father's Occupation, Liquor dealer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this return.

Mrs. Rose M. M.

Address,

302 S. Hollands

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

A-10215

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

July 27th

4. Place of Birth, (Street and Number)

25 E. Parkin St

5. Full Name of Mother,

Lelia O'Neill

6. Mother's Maiden Name,

" O'Day

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Daria O'Neill

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

J. C. Burch M.D.

Address,

511 Hanover

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

3"

A. 10215

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Febr. 27 '89

4. Place of Birth, (Street and Number)

622 W. Lombard St.

5. Full Name of Mother,

Annie Lyman

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Not Known

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other person who makes this Return.

L. E. Neale M.D.

Address,

319 W. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A. 11217

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Col.

3. Date of Birth, Feb 27 / 89

4. Place of Birth, (Street and Number) 205 Vinland

5. Full Name of Mother, Emma Wilson

6. Mother's Maiden Name, Emma Giddon

7. Mother's Birthplace, W. Va.

8. Full Name of Father, Mark J. Anderson

9. Father's Occupation, Farmer

10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return. James Woodland

Address, _____

Remarks, _____

the person of parents of such child, so
or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A-11215

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 27 1887

4. Place of Birth, (Street and Number)

414 N. Patterson St. Ave

5. Full Name of Mother,

Mildred Kelley

6. Mother's Maiden Name,

Mildred Halston

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John T. Kelley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. T. Spickard M.D.

Address,

14 N. Patterson St. Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

A. 10219

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February 27th 1889

4. Place of Birth, (Street and Number)

#1227 W. Lombard St.

5. Full Name of Mother,

Annie E. Murphy

6. Mother's Maiden Name,

Annie E. Hopkins

7. Mother's Birthplace,

Prince George's County Md.

8. Full Name of Father,

Frank J. Murphy

9. Father's Occupation,

produce dealer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Dunsen

Address,

217 Saverder St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

A. 10221

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 27th, '89

4. Place of Birth, (Street and Number)

102 E. Townsend St.

5. Full Name of Mother,

Florence S. Stockitt

6. Mother's Maiden Name,

" " Anderson

7. Mother's Birthplace,

8. Full Name of Father,

J. Noble Stockitt

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Ann Arundel Co.

Name of Medical Attendant, or other Person who makes this Return.

W. Barton Brune, M.D.

Address,

1815 W. Charles St.

Remarks,

10220/
9525

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 10222*
- Sex, (state whether male or female) *Male*
- Race or color, (if not of the white race) *White*
- Date of Birth, *February 27th, 1889.*
- Place of Birth, (Street and Number) *205 Pig alley*
- Full Name of Mother, *Mary Catherine Wilson*
- Mother's Maiden Name, *Heubeck*
- Mother's Birthplace, *Ind.*
- Full Name of Father, *William R. Wilson*
- Father's Occupation, *Plasterer*
- Father's Birthplace, *Ind.*
- Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*
- Address, *295 Chestnut ave.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st E. 10223

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 Feb

4. Place of Birth, (Street and Number)

950 N. Gay st

5. Full Name of Mother,

Sophia Young

6. Mother's Maiden Name,

Kreger

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Edward Young

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

Mrs. Julia Green

Address,

940 N. Gay st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 12224

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February 28 1889

4. Place of Birth (Street and Number),

No 5 Guilford ally

5. Full Name of Mother,

Catherine Wagner

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Bennett

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

11. Name of Medical Attendant, or other person who makes this Return.

Mrs Ann Taylor

Address,

41 Guilford ally

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

A 10725
The 5 Child
Male
White

The 27 of February 1889
No 1318 Hillman

Gate Treachy
Kate Mc Barr

Ireland

John Treachy

Police

Ireland

Dr Loh Lauer

No 1054 Charford Ave

Bal Ind

1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A. 10226*
- Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *February 27th 1889*
4. Place of Birth, (Street and Number) *No 607, Fredrick ave*
5. Full Name of Mother, *Fredricka Neek*
6. Mother's Maiden Name, *Fredricka Neasman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Neek*
9. Father's Occupation, *Cutcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A-10027

Sex, (state whether male or female).

Male White

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

February 28th. 1889

4. Place of Birth, (Street and Number)

1238 Eager St.

5. Full Name of Mother,

Ema Weinkemp

6. Mother's Maiden Name,

Ema Weise

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Weinkemp

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. A. Butt

Address, 1245 Monument St. cor Central av

Remarks, All Well

jected to the line of ten for dollars for each instance.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bernard Hauenstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child *A*, 10225

1. Sex, (State whether male or female)

Boy.

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

Feb 28th 1887

4. Place of Birth, (Street and Number)

N^o 331 Payson Str

5. Full Name of Mother,

Theresia Hauenstein

6. Mother's Maiden Name,

Theresia Wohlfarth

7. Mother's Birthplace,

Baden Germany

8. Full Name of Father,

John Hauenstein

9. Father's Occupation,

Schoemaker

10. Father's Birthplace,

Bezorn Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Miller

Address,

2127 West Pratt Str

Remarks,

GIVEN NAME ADDED. 4-27-53

L.M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 10229*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *February 28th 1889*

4. Place of Birth, (Street and Number) *No. 2036 Charles St*

5. Full Name of Mother, *Elizabeth Carson*

6. Mother's Maiden Name, *Elizabeth Conway*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Carson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Catherine Hornung*

Address, *No. 1517 Byrd St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st. A. 10230

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 Feb 1889

4. Place of Birth, (Street and Number)

555 Anby Lane Balto

5. Full Name of Mother,

Catharine Sullivan

6. Mother's Maiden Name,

" " Egan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Eugene Sullivan

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter

Address,

23 N Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sight A. 10231

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 28th January 1889

4. Place of Birth, (Street and Number)

1311

W. Baltimore St.

5. Full Name of Mother,

Mary Melzer.

6. Mother's Maiden Name,

" " Beibest

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Charles Melzer

9. Father's Occupation,

Painter

10. Mother's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Susan Hunter.

Address,

23 N Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child A 16222

1. Sex, (State whether male or female)

Boy.

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

Feb 28th 1889.

4. Place of Birth, (Street and Number)

No. 722. Fredrick Road Barral

5. Full Name of Mother,

Caroline Eggers

6. Mother's Maiden Name,

Caroline Ruffel

7. Mother's Birthplace,

Alsfield Germany.

8. Full Name of Father,

Henry Eggers

9. Father's Occupation,

Schoemaker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Thiller

Address,

2127 West Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child A. 10233

1. Sex, (State whether male or female).

Boy

2. Race or color, (if not of the white race).

White Race

3. Date of Birth,

Feb 28th 1897

4. Place of Birth, (Street and Number)

No 2028 West Pratt Str

5. Full Name of Mother,

Annie Zirkler

6. Mother's Maiden Name,

Annie Haupt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Zirkler

9. Father's Occupation,

Fruit Canner

10. Father's Birthplace,

Wurtemberg Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Hiller

Address,

2127 West Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child* *A. 102 341*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth, *February 27th 1888*

4. Place of Birth, (Street and Number) *# 519 Scott St.*

5. Full Name of Mother, *Annie L. Beels.*

6. Mother's Maiden Name, *Neber.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas Beels.*

9. Father's Occupation, *Polisher*

10. Father's Birthplace, *London Eng.*

Name of Medical Attendant, or other person who makes this Return, *Annie L. Luchner*

Address, *# 106 S. Abasco St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 1235

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February 27, 1889

4. Place of Birth, (Street and Number)

805 Pine St.

5. Full Name of Mother,

Annie Dahl

6. Mother's Maiden Name,

Derback

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Dahl

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

J. H. Rogers M.D.

Address,

939 W. Fayette St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 10235

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 27th 1889

4. Place of Birth, (Street and Number) 1605 Hanover St

5. Full Name of Mother, Mrs Minnie B. Cann

6. Mother's Maiden Name, Minnie Catharine Schultz

7. Mother's Birthplace, Howard Co. Md

8. Full Name of Father, Jayus Edw'd Cann

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Catharine W. March

Address, 800 Madison Hall St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

A 102-27

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

July 27, 1889

Place of Birth, (Street and Number)

N.E. Cor Bond & Chase Sts

Full Name of Mother,

Mary E Regester

Mother's Maiden Name,

" " Rea

Mother's Birthplace,

Baltimore

Full Name of Father,

Samuel Regester

Father's Occupation,

Manufacturer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

C. H. Thomas, M.D.

Address,

1006 E Baltimore St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child* *A. 10238*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb. 4th 1887*

4. Place of Birth, (Street and Number) *Hughes St. Bet. Light & Charles*

5. Full Name of Mother, *Annie Stansberry*

6. Mother's Maiden Name, *Annie Watts*

7. Mother's Birthplace, *West River*

8. Full Name of Father, *James Stansberry*

9. Father's Occupation, *Scourman*

10. Father's Birthplace, *Balto. Co.*

Name of Medical Attendant, or other Person who makes this Return, *Annie M. Harris*

Address, *11407 W. Hamburg Bet. Eutaw & Chesa*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

(state whether male or female)

male

Race or Color, (if not of the white race)

Color

Date of Birth, 4 days February 1st 1888

Place of Birth, (Street and Number) # 128 Winter St

Full Name of Mother, Julie Cothran

Mother's Maiden Name, Julie Collings

Mother's Birthplace, Worcester Co

Full Name of Father, William Collins

Father's Occupation, hard Labor

Father's Birthplace, Accomac Va.

Name of Medical Attendant, or other Person who makes this Return

no

Address, Mary Denney

Remarks, # 103 Beach alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A-10240

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 Feb 1898

4. Place of Birth, (Street and Number) 24 d Durham St

5. Full Name of Mother, Sophie Wagner

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Philip Wagner

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Harry Koptisch

Address, 207 d Washington St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 10241
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Feb 1880
4. Place of Birth, (Street and Number) 717 Charter st
5. Full Name of Mother, Mary Vogel
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Alfred Vogel
9. Father's Occupation, Laborn
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary Koptisch
- Address, 207 of Washington st
- Remarks, _____

Jeeted to the fine of ten 100 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 10242
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 4 Feb 1884
5. Place of Birth, (Street and Number) 717 Caroline St
6. Full Name of Mother, Barbara Kulin
7. Mother's Maiden Name, Lice
8. Mother's Birthplace, Polonia
9. Full Name of Father, John Kulin
10. Father's Occupation, Boiler Maker
11. Father's Birthplace, Polonia
- Name of Medical Attendant, or other person who makes this Return, Mary E. Tiers
- Address 257 St Washington St
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth A. 10243
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb-4 89

4. Place of Birth, (Street and Number)

911 N. Broadway

5. Full Name of Mother,

Ida V. Cook

6. Mother's Maiden Name,

" " Washburn

7. Mother's Birthplace,

Balls

8. Full Name of Father,

John V. Cook

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balls

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwee

Address,

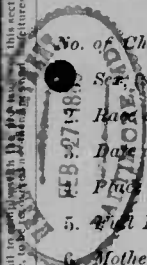
912 N. Leonard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore, and the said return and the said certificate are recoverable.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth A 10244
Female

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Feb 4 - 89

Place of Birth, (Street and Number)

(530) 530 N. High St

5. Full Name of Mother,

Martha C. Wooden

6. Mother's Maiden Name,

" " Robinson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm Wooden

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 N. Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A 10245

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb-4-89

4. Place of Birth, (Street and Number)

940 N. Wolfe St

5. Full Name of Mother,

Ellen E. Elbert

6. Mother's Maiden Name,

" " Davis

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edward J. Elbert

9. Father's Occupation,

Harness maker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

22

A

11245

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth.

Feb 4/87 ~~for April 11~~

4. Place of Birth, (Street and Number)

Don Davis St

5. Full Name of Mother,

Fanny Short

6. Mother's Maiden Name,

Fanny Ford

7. Mother's Birthplace,

Chatham Co Ga

8. Full Name of Father,

Peter Short

9. Father's Occupation,

Prod Carrier

10. Father's Birthplace,

Chatham Co Ga

Name of Medical Attendant, or other person who makes this Return.

John Woodman

Address,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 10247

2. ☒ Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race)

4. Date of Birth,

11th 4th 1889.

5. Place of Birth, (Street and Number) 220 C hester st.

6. Full Name of Mother, Lurra Sherwood.

7. Mother's Maiden Name, " " Sherman.

8. Mother's Birthplace,

Cal.

9. Full Name of Father, Frank Sherwood.

10. Father's Occupation, Carpenter.

Ger

11. Father's Birthplace,

Sermany

Name of Medical Attendant, or other person who makes this Return.

Dr. Eliza B. B.

Address,

1744 Bank st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh* **A.** *10245*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Feb. 4th 1889*

4. Place of Birth, (Street and Number) *1128 Stanford Avenue*

5. Full Name of Mother, *Mary M. Schuchhardt*

6. Mother's Maiden Name, *Eysel*

7. Mother's Birthplace, *Bavaria*

8. Full Name of Father, *Christopher Schuchhardt*

9. Father's Occupation, *Dealer in Paints & Oil*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. M. Schuchhardt*

Address, *1128 Stanford Avenue*

Remarks, *None*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3^d A. 10249

Female

W.

Feb. 4th 1889

1648 Barnes St.

Marie Jecelein Dobihal

" " Bohemia

John Jecelein Shoemaker Bohemia

Joseph Conrad
1621 Barnes

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *Adelaide* *10257*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb. 4th 89

4. Place of Birth, (Street and Number)

116 Harrison St.

5. Full Name of Mother,

Mary Schreiber

6. Mother's Maiden Name,

" Mark

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Abram Schreiber

9. Father's Occupation,

Clothier

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address,

No 103 Albemarle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Col.

A 10257

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 3rd 1889

4. Place of Birth, (Street and Number)

No 2 Park avenue

5. Full Name of Mother,

Maggie Barnett

6. Mother's Maiden Name,

Moorwin

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Barnett

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs M. A. Balt

Address, 1245 Monument St. cor Central av.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd 10252

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 5/9

4. Place of Birth, (Street and Number)

N^o 1125 Patapsko St Canton

5. Full Name of Mother,

Mathilda Meinschein

6. Mother's Maiden Name,

Spenner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Meinschein

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A

10253

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th February 1889

4. Place of Birth, (Street and Number)

128 Conway St

5. Full Name of Mother,

Geneva Herk.

6. Mother's Maiden Name,

Herne

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Heek

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

H. W. H. H. H. H.

Address,

103 Haverhill St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Harry A. 10254

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Feb 6th 89

4. Place of Birth, (Street and Number) 906 E. Fayette St.

5. Full Name of Mother, Katie Amolsky

6. Mother's Maiden Name, " Meyrovitz

7. Mother's Birthplace, Russia

8. Full Name of Father, Lewis Amolsky

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scheraga

Address, No 103 Albemarle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd 10255

Sex, (state whether male or female).

Female

Race or Color, (if not of the white race)

Date of Birth,

February 6, 1899

Place of Birth, (Street and Number)

N^o 1318 Eastern Ave

Full Name of Mother,

Minnie Beck

Mother's Maiden Name,

Stzel

Mother's Birthplace,

Baltimore

Full Name of Father,

Friedrich Beck

Father's Occupation,

Cigarren Maker

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

A. 10205

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 7th. 1889

4. Place of Birth, (Street and Number)

806 Hollis Court.

5. Full Name of Mother,

Francis Frost

6. Mother's Maiden Name,

Francis Gaitie

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Morris Frost

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs M. A. Butt

Address, 1245 Monument St. Cor Central av

Remarks, All well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Harris A/10237

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 7th 89

4. Place of Birth, (Street and Number)

817 Hanover St.

5. Full Name of Mother,

Jennie Remmer

6. Mother's Maiden Name,

" Bernan

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joseph Remmer

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address,

N^o 103 Albemarle St

Remarks,

Missing #A 10258

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Randle Melvin --- *Goetze* 3A 10759
 A Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *February 8/89*

4. Place of Birth, (Street and Number) *N^o 1626 Orleans St*

5. Full Name of Mother, *Ladie Goetze*

6. Mother's Maiden Name, *Weaver*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Goetze*

9. Father's Occupation, *Lithographer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Louise Kraft*

Address, *N^o 405 S. Washington St.*

Remarks, **GIVEN NAME ADDED** *3-19-54*

h m

any such person or persons who is or are convicted to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother.* (state whether 1st, 2d, 3d, &c.)

4A10260

2. *Sex.* (state whether male or female)

Male

3. *Race or Color,* (if not of the white race)

4. *Date of Birth,*

February 1/89

5. *Place of Birth,* (Street and Number)

No 2227 Canton Ave

6. *Full Name of Mother,*

Marie Mentzel

7. *Mother's Maiden Name,*

Biebel

8. *Mother's Birthplace,*

Germany

9. *Full Name of Father,*

Peter Mentzel

10. *Father's Occupation,*

Laborer

11. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft.

Address,

No 405 S. Washington St.

Remarks.

Child the name of any such person or persons who shall be convicted to the fine of ten (10) dollars for each offense, to be recovered by the State.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd* *A. 10261*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 9th*
 4. Place of Birth, (Street and Number) *208 Carrollton Ave*
 5. Full Name of Mother, *Ida C. Holloway*
 6. Mother's Maiden Name, *Ida C. Klinefelter*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Edwin C. Holloway*
 9. Father's Occupation, *Superintendent*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. Sumner*
 Address, *217 Schurder St.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A. 10252

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb 9 1889

4. Place of Birth, (Street and Number)

617 Hancock St

5. Full Name of Mother,

Lella Kuhl

6. Mother's Maiden Name,

Lella Fountain

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo Kuhl

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A1026

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 10 1889

4. Place of Birth, (Street and Number) 1308 Vincent ave. Balt. Md.

5. Full Name of Mother, Ellice Ford

6. Mother's Maiden Name, Ellice Johnson

7. Mother's Birthplace, Baltimore county Md.

8. Full Name of Father, John Ford

9. Father's Occupation, hard carrier

10. Father's Birthplace, St. Marys co. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Rollins

Address, 1140 Vincent ave near Baker

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6A1024
Female

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

February 10, 1899
W^c 2134 Essex St.
Mary Wiemeier
Mumberger
Baltimore
William Mumberger
Carpenter
Germany

Mrs. Louise Kraft
W^c 405 F. Washington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A.

10215

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb 10th / 89

4. Place of Birth, (Street and Number)

care Less & Mc Henry

5. Full Name of Mother,

Emma Arthur

6. Mother's Maiden Name,

" Vickers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos G Arthur

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Chas R Graham M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A

16221

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Feb 10th 1889

4. Place of Birth, (Street and Number)

500 West St

5. Full Name of Mother,

Anna R Johnson

6. Mother's Maiden Name,

" " Johns

7. Mother's Birthplace,

8. Full Name of Father,

Charles Johnson

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other person who makes this Return.

Geo R Graham M.D.

Address,

Remarks,

GIVEN NAME ADDED 11-15-38

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Leora V. Boykin*

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) *3^d Child* *A 10267*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *10 February*

4. Place of Birth, (Street and Number) *Baltimore Md 728 Franklin*

5. Full Name of Mother, *Augusta Augusta Boykin*

6. Mother's Maiden Name, *Augusta Augusta Roemer*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Forest Boykin*

9. Father's Occupation, *Giggar Maker*

10. Father's Birthplace, *Norfolk Va*

Name of Medical Attendant, or other person who makes this Return, *Mrs Dambler*

Address, *217 Schuelder St.*

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 10258

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Febr. 10th 1899

4. Place of Birth, (Street and Number)

115 W. Lombard St

5. Full Name of Mother,

Corry Smith

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

W. Penna

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

S. V. General M. D.

Address,

115 W. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A 10269*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 10th*

4. Place of Birth, (Street and Number) *419 Locust Alley*

5. Full Name of Mother, *Clara Johnson*

6. Mother's Maiden Name, *Cook*

7. Mother's Birthplace, *Balto city*

8. Full Name of Father, *Rose Clara Johnson*

9. Father's Occupation, *Hostler*

10. Father's Birthplace, *Balto city*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Emma Johnson*

Address, *710 Igou st*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 10270*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb. 11th*

4. Place of Birth, (Street and Number) *920*

5. Full Name of Mother, *Martha Glasco*

6. Mother's Maiden Name, *Christain*

7. Mother's Birthplace, *George Town D C*

8. Full Name of Father, *James Glasco*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Balto city*

Name of Medical Attendant, or other person who makes this Return, *Mrs Anne Johnson*

Address, *710 Igou st city*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. *over*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child A 10271

1. Sex, (State whether male or female).

Female, JULIA BLIVEN

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb. 11, 1889

4. Place of Birth, (Street and Number)

1515 Charles St.

5. Full Name of Mother,

Ida Myers

6. Mother's Maiden Name,

Ida Caswell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richd. Myers

9. Father's Occupation,

Carpenter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. A. Caskey

Address,

213 E. Heath St.

Remarks,

Doing Well

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10272

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 11th. 1889

4. Place of Birth, (Street and Number)

808 Front St.

5. Full Name of Mother,

Julie Troutwine

6. Mother's Maiden Name,

Julie Lynch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Troutwine

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. M. H. Butt

Address, 1245 Monument St. cor Central ave

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A 10273

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb'y 11. 89

4. Place of Birth, (Street and Number)

1405 Lemon al

5. Full Name of Mother,

M. King

6. Mother's Maiden Name,

Geesey

7. Mother's Birthplace,

Fred Co

8. Full Name of Father,

Louis H. King

9. Father's Occupation,

Driver

10. Father's Birthplace,

Fryderick

Name of Medical Attendant, or other Person who makes this Return.

Edward J. London MD

Address,

1403 W Payette st

Remarks,

of persons who shall knowingly or recklessly give false information with intent to defraud the State, or for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th. A10274

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 22th. 1889

4. Place of Birth, (Street and Number)

525 Forrest St.

5. Full Name of Mother,

Kate Kuber

6. Mother's Maiden Name,

Kate Krusen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Kuber

9. Father's Occupation,

Barber

10. Father's Birthplace,

Ellie City

Name of Medical Attendant, or other person who makes this Return.

Mrs M. A. Butt

Address,

N 1245 Monument St. For Central av

Remarks, All Well

attendance upon the mother, immediately thereafter if such become necessary, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A. 10275

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

13th February 1889

4. Place of Birth, (Street and Number)

411 Hanover St.

5. Full Name of Mother,

Adele Cade Wennecke

6. Mother's Maiden Name,

Bergheff

7. Mother's Birthplace,

Baltic

8. Full Name of Father,

Fred Wennecke

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltic

Name of Medical Attendant, or other person who makes this Return.

J. W. Wetzelschlag, M.D.

Address,

403 Hanover

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall be liable for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 10275

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 13th 1889.

4. Place of Birth, (Street and Number) #814 Concord St

5. Full Name of Mother, Jennie Long

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, J. L. Long

9. Father's Occupation, Brass Finisher

Father's Birthplace, Balt. County

Name of Medical Attendant, or other person who makes this Return, Wm. D. D. D.

Address, #1038 G. Howard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A. 10277*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *14 Feb 1897*
4. Place of Birth, (Street and Number) *No 902 Harmony lane*
5. Full Name of Mother, *Chrisley Arthur*
6. Mother's Maiden Name, *Chrisley Hirschen*
7. Mother's Birthplace, *Colbert Co. Md*
8. Full Name of Father, *William Arthur*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Colbert Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Hairett Hutchins*
- Address, *No 435 Harmony lane*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

A10278

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

14 February 1889

4. Place of Birth, (Street and Number)

No 11.4 Hammond St

5. Full Name of Mother,

Elise Beth Triff

6. Mother's Maiden Name,

Elise Beth Parker

7. Mother's Birthplace,

Georgetown

8. Full Name of Father,

William Triff

9. Father's Occupation,

Work in Brick yard

10. Father's Birthplace,

Baltic

Name of Medical Attendant, or other Person who makes this Return.

Harriet Rutledge

Address,

No 223 Hammond Lane

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

A 10279

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Feb 14: 1889

4. Place of Birth, (Street and Number)

1003 Green Mt Ave

5. Full Name of Mother,

Alice Richards

6. Mother's Maiden Name,

" Millson

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

James R. Richards

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

C. B. Williams

Address,

900 Madison Ave

Remarks,

GIVEN NAME ADDED 11-29-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of *Ella Irene Goodrich* Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A* 10257

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 14/04*

4. Place of Birth, (Street and Number) *Cor. Mulberry & Prince Sts*

5. Full Name of Mother, *Iris Goodrich*

6. Mother's Maiden Name, *Iris Kirby*

7. Mother's Birthplace, *Yuc*

8. Full Name of Father, *Louis Goodrich*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Yuc*

Name of Medical Attendant, or other Person who makes this Return, *L. B. Finney M.D.*

Address,

Remarks,

of persons who shall give false information, and for each offense to be recovered as other laws and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *Mar. A. 11251*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) _____

3. Date of Birth, *1105 E. Pratt St. Feb 16th 89*

4. Place of Birth, (Street and Number) *1105 E. Pratt St.*

5. Full Name of Mother, *Betty Cohn*

6. Mother's Maiden Name, *" Levinsky*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Harris Cohn*

9. Father's Occupation, *Tailor*

Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *E. Scherman*

Address, *No 103 Albemarle St.*

Remarks, _____

any such person or persons who shall referencer is liable to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fanny* 11th *A*. 10282
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race).
3. Date of Birth, *Feb 16th 89*
4. Place of Birth, (Street and Number) *711 Sharp St.*
5. Full Name of Mother, *Rebecca Smith*
6. Mother's Maiden Name, *Hoolitely*
7. Mother's Birthplace, *Galicia - Austria*
8. Full Name of Father, *Nathan Smith*
9. Father's Occupation, *Clothier*
Father's Birthplace, *Galicia Austria*
Name of Medical Attendant, or other person who makes this Return. *E. Sherman*
Address, *N. 103 Albemarle St.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* A. *11283*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feby. 20-1889

4. Place of Birth, (Street and Number)

1221 Madison Ave

5. Full Name of Mother,

Annie B. Lambert

6. Mother's Maiden Name,

Roberts

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

George M. Lambert

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Manlius, N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Wm. C. Moseley M. D.

Address,

617 N. Howard St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Vital Statistics, in the manner and within the period there required, and any such person or persons failing to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st A. 102811

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 21 1889

4. Place of Birth, (Street and Number) 1604 Patterson Ave

5. Full Name of Mother, Hellie Rogers

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, B.C.

8. Full Name of Father, Herbert L Rogers

9. Father's Occupation, Employee Mt Oliver Cemetery

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. Harvey H. H. H.

Address, 807 H. H. H.

Remarks, _____

or persons who shall be recovered in other lines and furnished are recoverable.

7-20-56
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Virginia Lusby
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 22^d 1889*

4. Place of Birth, (Street and Number) *1302 Holmes St.*

5. Full Name of Mother, *Charlotte Lusby*

6. Mother's Maiden Name, *Schroeder*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *Leander Lusby*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Thuman & Hill Co.
1401 N. Fayette

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Harry Lohr Bailey

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th. A. 10. 23.

1. Sex, (State whether male or female)

Boy.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Monday February 4th 1889

4. Place of Birth, (Street and Number)

715 E. Biddle St

5. Full Name of Mother,

May J. Dehoff Bailey

6. Mother's Maiden Name,

May J. Dehoff

7. Mother's Birthplace,

Woodbury Md.

8. Full Name of Father,

Jacob M. Bailey

9. Father's Occupation,

He, Carpenter

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other person who makes this Return.

Wilmer Bontrou, M.D.

Address,

Chas. St. & Front St. Plac.

Remarks,

child to report his birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, or any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to be fined not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

84. A. 2247

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Saturday Night February 9th 1889

4. Place of Birth, (Street and Number)

1106 Greenmount Ave,

5. Full Name of Mother,

Jane S. Kleinfelter,

6. Mother's Maiden Name,

Jane Anderson

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Isaac Kleinfelter,

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

William Brinton M.D.

Address,

Chas. St. & Greenmount Place

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3rd)

A.

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

3. Date of Birth,

Feb 15th 1889

4. Place of Birth, (Street and Number)

John McMeekin Sts

5. Full Name of Mother,

Mary J. Barry

6. Mother's Maiden Name,

" " McLaughnessy

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm J. Barry

9. Father's Occupation,

Plumber & Gas fitter

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Dr. J. J. McMeekin

Address,

711 N. Calvert St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1034

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sunday February 10th 1889

4. Place of Birth, (Street and Number)

1221 Chew St.

5. Full Name of Mother,

Bettie Fuchs

6. Mother's Maiden Name,

Bettie

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Fuchs

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Wilmer Britton M.D.

Address,

Chew St. + Front Place

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* A. 10290

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Feby 18th 1889*

4. Place of Birth, (Street and Number) *Eastern ave*

5. Full Name of Mother, *Annie Sacchi*

6. Mother's Maiden Name, *Mary*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Sacchi*

9. Father's Occupation, *Excavating business*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. Reynolds*

Address, *711 N. Calvert St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 29 1889

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
2. Sex, (State whether male or female) *Male*
3. Race or color, (if not of the white race) *White*
4. Date of Birth, *Thursday February 14th 1889*
5. Place of Birth, (Street and Number) *702 Daphnia St.*
6. Full Name of Mother, *Emma Kerns*
7. Mother's Maiden Name, *Emma Shibel*
8. Mother's Birthplace, *Baltimore Md*
9. Full Name of Father, *John Kern Jr.*
10. Father's Occupation, *Traveling Salesman*
11. Father's Birthplace, *Phila Pa*
12. Name of Medical Attendant, or other person who makes this Return, *Wilmin B. Smith M.D.*
13. Address, *Chas St. & Fremont Place*
14. Remarks,

It is the duty of the Registrar of Vital Statistics, Board of Health, to report the birth to the Commissioner of Health, in the manner and within the time provided by law. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and to report the birth of each child to the Registrar of Vital Statistics, Baltimore City, by such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A 10292
10292
 1. Sex, (State whether male or female) *Boy*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Saturday February 16th 1889*
 4. Place of Birth, (Street and Number) *48 Sanford Road,*
 5. Full Name of Mother, *Amelia C. Ashlin*
 6. Mother's Maiden Name, *Amelia C. Romero*
 7. Mother's Birthplace, *Balt. Md.*
 8. Full Name of Father, *Walter E. Ashlin*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Balt. Md.*
 Name of Medical Attendant, or other person who makes this Return, *Wilmer Brinton M.D.*
 Address, *Chaw St. & Forest Place*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A 11273

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 16th 1889

4. Place of Birth, (Street and Number)

Harrell St. Baltimore & 792

5. Full Name of Mother,

Emma J.

Mears

6. Mother's Maiden Name,

"

Roney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry W. Mears

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Geo. B. Reynolds

Address,

711 McAlister St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th. 1st 1889
Female

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Sunday Feb. 19th 1889

Place of Birth, (Street and Number)

505 E. Eager St.

5. Full Name of Mother,

Amelia S. Davis

6. Mother's Maiden Name,

Amelia S. Oram

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Jos. Davis

9. Father's Occupation,

Huckster.

10. Father's Birthplace,

Virginia Binstow

Name of Medical Attendant, or other person who makes this Return.

William Brantley M.D.

Address,

Chad St. & Forum Place

Remarks

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and costs.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 102/5

- Name of Medical Attendant, or other person who makes this Return. *Edw. J. Reynolds M.D.*

Address, 711 W. Caldwell St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner prescribed in this section shall be subject to a fine of ten dollars for each offense, and any such person or persons who shall hereafter be convicted of such offense, shall be liable to the same, and the provisions of this section shall be applicable to any such person or persons who shall hereafter be convicted of such offense, and the provisions of this section shall be applicable to any such person or persons who shall hereafter be convicted of such offense.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 10297

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, Feb 26 1888

5. Place of Birth, (Street and Number) 1410 Chestnut

6. Full Name of Mother, Mary Bender

7. Mother's Maiden Name, Pittsburg Pa.

8. Full Name of Father, John Bender

9. Father's Occupation, Business Man

10. Father's Birthplace, Buch's Co. Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. H. H. H. H.

Address, 1103 P. St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th* *A. 10298*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *Feb 27 1889*

5. Place of Birth, (Street and Number) *715 E. Biddle St.*

6. Full Name of Mother, *Charles Thompson*

7. Mother's Maiden Name, *Robert*

8. Mother's Birthplace, *Germany*

9. Full Name of Father, *George Thompson*

10. Father's Occupation, *Barber*

11. Father's Birthplace, *Germany*

12. Name of Medical Attendant, or other person who makes this Return, *William H. Sullivan*

13. Address, *41038 E. Thompson St.*

14. Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A. 10299
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 28 1889
 4. Place of Birth, (Street and Number) A 713 1st St
 5. Full Name of Mother, Louise K. Reed
 6. Mother's Maiden Name, Wicks
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Wm. Reed
 9. Father's Occupation, Refrigerator Manufacturer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Wm. H. H. H. H. H.
 Address, 1030 1st St
 Remarks,

any such person or persons, with intent to defraud, to be recovered as other fines and forfeitures are recoverable, and to the fine of ten (10) dollars for each offense.

any such person or persons who shall hereafter fail to comply with the provisions of this section as to the forfeiture of the license shall be liable to the same as if he or she had been convicted of an offense under this section. The amount of the fine shall be \$100 for each offense, to be recovered as other fines and forfeitures are.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child A 11300

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored

- 3.
- Date of Birth,*

5 of February

- 4.
- Place of Birth, (Street and Number)*

128 West Biddle Street

- 5.
- Full Name of Mother,*

Elizabeth Peters

- 6.
- Mother's Maiden Name*

Elizabeth Giles

- 7.
- Mother's Birthplace.*

Baltimore Maryland

8. *Full Name of Father.*

North Peters

- ### 9. Father's Occupation

Porter

- Father's Birthplace*

Ybar de Guast.

Name of Medical Attendant.

or other person who makes this Return

Master Octance

Address.

509 Preston Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth & A 10301

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 5th 1889

4. Place of Birth, (Street and Number)

2003 Ething Street

5. Full Name of Mother,

Mary Mary

6. Mother's Maiden Name,

Mary Esserwine

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Konrad Mary

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Anna W. Wenzel

Address,

1507 Pennsylvania Ave

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Who shall report the birth to the Commissioner of Health, in the manner and within the period above required, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (State whether male or female).

3. Race or color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

5-11 A 10302 10.30

Female

White

Feb'y 10th 1889

129 W. Lee St.

Amber J. Glading
Trader

Va.

Michael W. Glading
Comm Merchant

Va.

R. G. Lee

Hanover St.

child to report its birth to the Commissioner of Health, in the manner and within the period
any such person or persons who shall hereafter fail to comply with the provisions of this
section to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeit

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 2nd 10303

1. Sex, (state whether male or female)

Female A10303

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 11th 1889

4. Place of Birth, (Street and Number)

1816 Druid Hill Avenue

5. Full Name of Mother,

Annie Smith

6. Mother's Maiden Name,

Annie Warrman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Francis Smith

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Annie Warrman

Address,

1503 Pennsylvania St

Remarks,

To the Office of Registrar of Vital Statistics, Board of

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

c. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

[illegible]

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, dec.) First A

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 15th 1889

4. Place of Birth, (Street and Number) Fairmont Ave & Sun St.

5. Full Name of Mother May and Robinson

6. Mother's Maiden Name Maryland

7. Mother's Birthplace Maryland

8. Full Name of Father Geo. W. Robinson

9. Father's Occupation Merchant

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return John

Address 701 N. Carrollton Ave

Remarks

Be it remembered, that upon the birth of the person or persons herein named, the mother, in the manner and within the period above required, at the birth of the child, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1000 A

Male

White

February 24/89

413 S. Paca St

Mary Joyce

Mary Storrs

Brooklyn N.Y. Baltimore Md

Richard Joyce

Clark

Balto. Md

Joseph Blum

641 Columbia Ave.

To the Office of Registrar of Vital Statistics,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Female

White

February 25th 89

515 S. Green St

Sarah Stern

Sarah Knopf

Hagerstown Md

Sol. Stern

Clerk

Hagerstown Germany Md.

Joseph Blum

641 Columbia Ave

to report its birth to the Commissioner of Health. In the manner and within the period as such person or persons who shall hereafter fail to comply with the provisions of this act to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

4th Month 4th A

Female

White

February 26th 1887

610 Lee Street

Lena Stevens

Lena Baker

Baltimore

John Stevens

Engineer

Baltimore

Mrs. Annie Mesinger

1507 Pennsylvania

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

7th of Feb

4. Place of Birth, (Street and Number)

581 Rutledge St

5. Full Name of Mother,

Florence Madeline

6. Mother's Maiden Name,

Balto city

7. Mother's Birthplace,

John Tinsley

8. Full Name of Father,

Leabur

9. Father's Occupation,

Balto city

10. Father's Birthplace,

Mrs Annie Johnson

Name of Medical Attendant, or other person who makes this Return.

710 Egon

Address,

Remarks,

1889

ing certif missing
0310 to 10325 incl.
copied out of
Vol 9.

0. 10 310

Missing # A 10310 - # A 10344,
incl.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6 A 11347
Male

- 2nd of March
145 Harrison St
Jennie Mulgrone
H. C. Kinsky
Baltimore
Mulgrone
Furniture - Store
Baltimore
Sarah Casper
2 Cranby St.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

P. Sex. (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 2 - 1887

4. Place of Birth. (Street and Number) 1104 N. 1st St.
Richmond

5. Full Name of Mother: Anne

6. Mother's Maiden Name. McCall

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry, Charles
Baker

9. Father's Occupation, *Baker*

10. Father's Birthplace, Germany Bm. Co. Russia

Name of Medical Attendant, or other Person who makes this Return

Address. 500 N Howard

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

87A10349

Male

White

March 2nd 1889

1214 Hull St

Mary Evans

Mary Rogers

England

Morgan Evans

J Steedman

England.

K B Noble M

201 Warren av

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race) ...

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this Return, the address, and the date of birth. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the place, and at the time, and any such person or persons who fails to do so shall be liable to a fine of ten dollars, and any such person shall be subject to the same penalties as are provided for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First child A. 10356*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *March 2nd 1889*
4. Place of Birth, (Street and Number) *N. W. Cor. Eden & Holland Sts.*
5. Full Name of Mother, *Charlotte B. Allen*
6. Mother's Maiden Name, *Watson*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *Ethan Allen*
9. Father's Occupation, *Confectioner*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Francis A. Sauer M.D.*
- Address, *439 N. Centre Ave.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 7 Child A. 1835

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) - Colored

3. *Date of Birth,* *March 2nd*

4. Place of Birth, (Street and Number) ... Plum Row 823

5. Full Name of Mother, *Orville Hammon*

6. *Mother's Maiden Name.* Conne Chew

1. Mother's Birthplace, Charles Hammon Westriver

8. Full Name of Father, *Charles Hammond*

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Balbert, County

Name of Medical Attendant, or other person who makes this Report. *Chilley Adams*

Address, York street 2290

Remarks, *0*

[illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision any child is born, shall be bound to furnish to the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall immediately thereafter file with the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A 16352

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 24 March 1889

4. Place of Birth, (Street and Number) 917 Jordan Alley

5. Full Name of Mother, Giggie Cornish

6. Mother's Maiden Name, ...

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Franklin Thomas

9. Father's Occupation, Yaher

10. Father's Birthplace, Eastern Shore Talbot County Md

Name of Medical Attendant, or other Person who makes this Return

Address, Dr. Lucy Cornish

Remarks, 918 Jordan Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Father's Maiden Name.

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*,.....

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

SECTION 7. — And be it further enacted, that any person who shall keep a true and correct Baltimore number whose change or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall cause to be kept a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of January, to the Registrar of Vital Statistics, who shall cause the same to be filed in the office of the Registrar, and shall report the attendance upon the midwife, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child* *A. 10305*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2nd 1889*
4. Place of Birth, (Street and Number) *Mullikin St No 1507*
5. Full Name of Mother, *Maggie Sahlman*
6. Mother's Maiden Name, *Maggie Schaffer*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *August Sahlman*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St No 114*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3*

A 11358

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 2, 89*

4. Place of Birth, (Street and Number) *2226 Canton Ave.*

5. Full Name of Mother, *Anna Schziger*

6. Mother's Maiden Name, *Schwan*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *August Schziger*

9. Father's Occupation, *rover*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*

Address, *603 Wether St. Balt. Md.*

Remarks,

SECTION 7.—And be it further enacted, That every person who shall superintend a birth shall hereafter take place, shall keep a true and correct register of every birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of the Board of Health, within ten days after the birth. This schedule shall contain a list of the births which have occurred under a child, if any shall have been born, and shall set forth as far as the same can be ascertained, the name of the child, the date and place of birth, and the sex, race or color, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this return. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the father or mother, or both, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. And any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the tenth A. 10357

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27 the 2 1889
4. Place of Birth, (Street and Number) 834 Bakers Court
5. Full Name of Mother, Fannie Rackenzger
6. Mother's Maiden Name, Francis Schaevel
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Daniel Wm. Rackenzger
9. Father's Occupation, Carriage Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

ther person who
res this Return. *Susan Hunter*
2340 Payson St

[illegible]

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the matrilin name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

A. 10935

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 2nd 1889.

4. Place of Birth, (Street and Number)

709. South Dallas st

5. Full Name of Mother

Barbara Amment

6. Mother's Maiden Name

Barbara Krompert.

7. Mother's Birthplace

Germany

8. Full Name of Father

Casper Amment

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Leidner

Address

521 South Ann st

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. Full Name of Father

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant

Address,

Remarks,

or other person who
makes this Return.

NOEL-VA

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d A. 12350

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, 3.2.89

4. Place of Birth, (Street and Number) *627 N Carrollton av.*

5. Full Name of Mother, *Mary L. Carlton*

C. Mother's Maiden Name, Marshall

7. Mother's Birthplace... *Buffalo N.Y.*

8. Full Name of Father, *Howard Carlton*

9. Father's Occupation, *Manufacturer*

10. Father's Birthplace, Saratoga Co., N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Address, 772 N. Lexington

Remarks, *Natural labor*

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

A. 11351

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 2nd

4. Place of Birth (Street and Number) Howard St 810 Baltimore

5. Full Name of Mother Kittie Wise

6. Mother's Maiden Name Kittie Irvine

7. Mother's Birthplace Talbott County Md

8. Full Name of Father Frederick Wise

9. Father's Occupation Stevedore

10. Father's Birthplace Accomac County Va

Name of Medical Attendant, or other Person who makes this Return Piney Cornell

Address 804 B. Howard St Baltimore Md

Remarks

SECTION 7.—And be it further enacted, that the Registrar of Baltimore shall keep a true and correct record of the births of children born in the city of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the same shall be in his possession until the first day of the next month, when he shall deliver the same to the Registrar, and the Registrar shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A. 11362
1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, March 2d. 11 1/2 Am.
4. Place of Birth, (Street and Number) 835 Beigbor Str.
5. Full Name of Mother, Rose L. Butler
6. Mother's Maiden Name, Rogers
7. Mother's Birthplace, Ten.
8. Full Name of Father, James A. Butler
9. Father's Occupation, Barber
10. Father's Birthplace, Annville Harford Co Md.
- Name of Medical Attendant, or other person who makes this Return, L. H. New Md.
- Address, 1144 Harford Ave.
- Remarks, _____

Section 7.—And he is further enacted and ordained, that every person who shall be in further charge and attendance of a birth shall hereafter take place, shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall be taken, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child have been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily to the proper authorities in the form of a report, and shall be subject to the inspection of the Commissioner of Health. No physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

A. 12364

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 31, 1889

4. Place of Birth, (Street and Number)

Eden V. Orleans Sts,

5. Full Name of Mother,

Lizzie Ulrich.

6. Mother's Maiden Name,

Lizzie Pettberg.

7. Mother's Birthplace,

Balto City.

8. Full Name of Father,

Henry. Ulrich.

9. Father's Occupation,

Baker.

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Chambers

Address,

309 N. E. St. St.

Remarks,

Baltimore under whose charge or superintendence a birth is reported, shall be furnished by the Commissioner of the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner, during the first month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second month, to the Commissioner, who shall retain the same, and shall cause the same to be filed in the office of the Registrar, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A 16365*
1. Sex, (State whether male or female) *female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *3th Novr*
4. Place of Birth, (Street and Number) *825 Remig St.*
5. Full Name of Mother, *Minny Horn*
6. Mother's Maiden Name, *Belmer*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *E. S. Horn*
9. Father's Occupation, *Laborn*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. B. Weiss*
- Address, *852 Lancaster St.*
- Remarks,

Baltimore, under whose charge or supervision a birth shall take place, shall file with the Registrar of Births and Deaths a birth certificate, which shall be filed by the Commissioner of Health. This certificate shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as possible the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births and Deaths. It shall occur without the attendance of a physician or practitioner of midwifery or shall be attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons so failing to comply with the provisions of this section shall be subject to a fine of ten dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* Child *A. 10360*

1. Sex, (state whether ~~male~~ female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 3rd 1889*
4. Place of Birth, (Street and Number) *Harford Ave No 719*
5. Full Name of Mother, *Fanny Tillman*
6. Mother's Maiden Name, *Fanny Herrisburger*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Phillip Tillman*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. D.alles St No 114*

Remarks, _____

Baltimore under whose charge of registration is a birth, is liable to be punished by the
 health. This schedule shall contain a list of the births which have occurred under his or her care during the
 month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
 been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the
 name of the medical attendant, and the name of the person who makes this return. In case the birth of any child
 shall occur within the third day of each and every month to the office of the Commissioner of Health, or should in other person be in
 attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such
 attendance to report the same to the Commissioner of Health, and if any such person shall fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh A. 18367

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

4th March 1889

4. Place of Birth, (Street and Number)

1307 Bank St.

5. Full Name of Mother,

Henrietta Musington

6. Mother's Maiden Name,

Henrietta Gillespie

7. Mother's Birthplace,

Accomac Co. Va.

8. Full Name of Father,

Richard Musington

9. Father's Occupation,

Rigger

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Mr. H. E. Jones

Address,

1529 E. Pratt St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11368

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4

4. Place of Birth, (Street and Number) 841 McKim St

5. Full Name of Mother, Katie Stewart

6. Mother's Maiden Name, Katie Fitzpatrick

7. Mother's Birthplace, Liverpool England

8. Full Name of Father, Wm Stewart

9. Father's Occupation, Farmer

10. Father's Birthplace, Manchester, England

Name of Medical Attendant, or other Person who makes this Return, G. H. Hodder

Address, 936 Greenmount Ave

Remarks.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

A. 10367

1. *Sex*, (State whether male or female)

Male

2. Race or color, (if not of the white race)

white

3. *Date of Birth,*

March 3, 1889

4. *Place of Birth, (Street and Number)*

2321. Benton Avenue

5. *Full Name of Mother,*

Mary Gibson

6. *Mother's Maiden Name,*

Mary Gardner

7. *Mother's Birthplace,*

Balla.

8. Full Name of Father, ..

John Arthur

9. *Father's Occupation,*

Molder

10. *Father's Birthplace,*

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary L. Swaine

Address,

1726 Luzerne St.

Remarks,

to Baltimore under a base charge or superintendence a birth when the date to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred since his or her cure during the month, and shall set forth as far as the same can be ascertained the full name of each child, any name which has been conferred by sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. To ease the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten dollars and every month thereafter failing to comply with the provisions of this section shall be subjected to the fine of ten dollars each offence, and all moneys so recovered as fines and forfeitures are recoverable.

majority of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and the same can be ascertained the full name of each child, (if any shall have been conceived in prison), the date and place of birth, and the date and place of death, and the third day of each and every month, the date and place of birth, and the date and place of death, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur upon the attendance of a physician or practitioner, he shall become the duty of the physician or practitioner to report the birth to the Commissioner of Health in the manner and form provided for that purpose. And any such person who shall heretofore fail to comply with the provisions of this act, shall be deemed to be in violation of the same, and shall be liable to a fine of not more than ten dollars, and to be imprisoned for not more than thirty days, or both, at the discretion of the court.

9

27

A 10370

Female

White

34 J. H. H. 1887

Belair Co. 1546

Marceline Shum

Haselene Bell

Baltimore

Frederick Swenson

Book per

Germany

Magdalena Brown

1600. U. 6 h. 12. ✓

Remarks.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con-
ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly attested by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurred, to the Registrar of Vital Statistics, who shall cause the same to be entered in the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth to mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 1137*
 1. Sex (state whether male or female), *Girl*
 2. Race or Color (if not of the white race), *Colored*
 3. Date of Birth, *March 3 third*
 4. Place of Birth (Street and Number), *No 213 St Paul Street*
 5. Full Name of Mother, *Mrs Emma Chester*
 6. Mother's Maiden Name, *Miss Emma Nelson*
 7. Mother's Birthplace, *Baltimore in the state of Maryland*
 8. Full Name of Father, *Mr Thomas Henry Chester*
 9. Father's Occupation, *Tin maker*
 10. Father's Birthplace, *Baltimore estate of Maryland*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Fannie Myers*
 Address, *No 223 Clay Street*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 10372

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, March 8th

4. Place of Birth, (Street and Number) 111 Monrovia St

5. Full Name of Mother, Mary E. Gerbick

6. Mother's Maiden Name, " " Pearson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Gerbick

9. Father's Occupation, Welder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Dr. Mary Waring

Address, 412 Scott St

Remarks, _____

Baltimore City
 register of such birth, and shall enter the name on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. It shall be filled out by the Registrar of Health, and shall be returned to the Registrar of Health by the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of the Registrar of Health, he or she shall immediately report the birth of such child to the Registrar of Health, and shall also report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 7*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 3rd 1889*
4. Place of Birth, (Street and Number) *578 N. Pine St.*
5. Full Name of Mother, *Annie Agnerd Sherick*
6. Mother's Maiden Name, *Annie Agnerd*
7. Mother's Birthplace, *May, Conn.*
8. Full Name of Father, *Emanuel Sherick*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

A. 10273

R. W. Mifflin M.D.
321 N. Paca St.

"That any physician, accoucheur, midwife, or other person, who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13. Child **A** 10374

Girl

White Race

March 3rd 1889

No 323 Forrest Str

Mary Frackmann

Mary Soeder

Wiekenrode Germany

John Frackmann
Boston

Butcher

Hessen Germany

Mrs. Miller

2127 West Pratt Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *first*

A. 10370

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 3* *1889*

4. Place of Birth, (Street and Number) *113 Carroll St, Hampden Balt*

5. Full Name of Mother, *Kate Hinton*

6. Mother's Maiden Name, *Parson*

7. Mother's Birthplace, *Balt Co Md*

8. Full Name of Father, *William Hinton*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt Co Md*

Name of Medical Attendant, or other person who makes this Return, *Mary A Martin*

Address, *57 Brick Hill Mount Vernon Balt City*

Remarks,

Baltimore under the age of one year, and shall enter the same on a blank schedule to be furnished by the Commissioner of the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the office of any other person in whom confidence upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

102 J. S. DALRYMP & S. CITY FRONTIER AND STATIONERS

A 1375

1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 3rd 1889*
4. Place of Birth, (Street and Number) *No. 104 Cross St*
5. Full Name of Mother, *Katie Hubel*
6. Mother's Maiden Name, *Katie Hubel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Christian Hubel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Calvin Hornung*
Address, *No. 1517 B. 2nd St.*
Remarks,

GIVEN NAME ADDED. 9-29-55
BIRT

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics,
Clara Lavinia — *Evans*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*

1. Sex, (state whether male or female) female

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ Mar. 3^d 1889
1415 N. Fulton

3. Date of Birth, May 5, 1901
4. Place of Birth, (Street and Number) 1415 N. Fulton Ave
Chicago, Ill. James Evans

4. Place of Birth, (Street and Number) 415 N. 2nd St.
5. Full Name of Mother, Eliza Jane Evans

5. Full Name of Mother, *Elizabeth*
6. Mother's Maiden Name, *Hastings*

6. Mother's Maiden Name, *Harvill*
7. Mother's Birthplace, *Balt.*

7. Mother's Birthplace, 1300
8. Full Name of Father, Sam'l. Evans

8. Full Name of Father, James O. Carpenter
9. Father's Occupation, Boatman

9. Father's Occupation, *Capitan*
10. Father's Birthplace, *Baltz*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second, A. 10379

Female,

March 3, 1887,

714, Burnt & b.

Wm. A. Jones,

A. Gibbs,

Les. A. Y.

June 11,

карты.

[Faint handwritten notes at the bottom of the page]

a. to. Coler, M. S.
Baltimore Md.

Chlorophyll, 1900.

Address. 624 Arlington Ave. Baltimore, Md.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or mix in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *2nd.* A. 10382
1. Sex (state whether Male or Female), *Male.*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *4th day of March.*
4. Place of Birth (Street and Number) *517 Cross Street-*
5. Full Name of Mother *Ellen Nora Grey.*
6. Mother's Maiden Name
7. Mother's Birthplace *Calvert County.*
8. Full Name of Father *Richard Edward Carter*
9. Father's Occupation *Blackman.*
10. Father's Birthplace *Baltimore.*
Name of Medical Attendant, or other Person who makes this return *Catherine Jones.*
Address *507 Cross Street*
Remarks *+*

Baltimore under whose charge or superintendence a birth is registered of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be act forth as the same can be ascertained the full name of each child, of the sex, race, color, date of birth, and the name of the mother, and the name of the father, and the name of the practitioner between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in the room at the time of the birth, the mother or father of the child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child* **A.** *10558*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *1st March*
4. Place of Birth, (Street and Number) *1047 "Humber" St. Bal*
5. Full Name of Mother, *Lizzie Bryant*
6. Mother's Maiden Name, *Lizzie Bryant*
7. Mother's Birthplace, *Liverpool England*
8. Full Name of Father, *Lawrence Bryant*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *New Orleans*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Ellis*
- Address, *1619 Eula St. Baltimore*
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

29

A 10384

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Mch 4th 1889

4. Place of Birth, (Street and Number)

535 N Gay St

5. Full Name of Mother,

Fannie Metzger

6. Mother's Maiden Name,

Fannie Stern

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Isaac Metzger

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Chambers
309 N. 1st St

Address,

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall be required to file a list of the births which have occurred under his or her care during the month, and shall set forth as far as the schedule shall contain, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner shall neglect to deliver the said schedule, or shall neglect to sign the same, or shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th* *A. 10385*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *4th of March*

4. Place of Birth (Street and Number), *512 duncan St.*

5. Full Name of Mother, *Annie Abcelvee*

6. Mother's Maiden Name, *Annie Troops*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Abcelvee*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary A. Dorman*

Address, *2119 Canton Ave.*

Remarks,

of each birth, and shall enter the same on a book. This schedule shall contain a list of the births, which, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conceived), its sex, color, the full name and occupation of the mother, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the month of a certificate, between the first and third day of each and every month, to the Registrar of Vital Statistics, who shall forward the same to the Registrar of Births and Deaths, immediately thereafter, if it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Each schedule shall contain a list of the birds which have occurred under the provisions of this act, and shall set forth as far as the same can be ascertained the full name of each child, its age, sex, color, the full name and constitution in the form of a certificate bearing the first and third day of occurrence, the date of occurrence, the name of the physician or veterinarian, and the name of the mother. Immediate notification should be made to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or veterinarian, or should no others be present, such child as reported by the mother. Immediate notification should be made to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

The Harmon Corporation, City of New York, New York

1st A 10832

Male

March 4 '89
773 George St
Essex

Ermet

773 George St

Ernest

Plan 2

Edmund Essex
Clerk

Clerk

Germany.

Wm Wilson

1008 Madison Ave.

1008 Madison Ave.

1008 Madison Ave.

new

Name - Alexander F. Debilina.

10th A. 10387
male

Male

1000

March 27/89

Norman Harold Honeydew

Elizabeth (De Belius) De belius

Lauch Goechel

Boyle

Frank (de Belius) Debelius

Restaurant - Keesler

Francis
B. [illegible]

P. L. Davis
 226 E. 10th

2264 B' 100

Remarks, _____

WILLIAM J. O'DWYER & CO. CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

A. 10355

Male

Winter

5th May 1862

No. 2027 Gough st.

C. C. Che...

E. C. Allen

Railton

W. S. Lee

Agencia

Radio

Mar. 4. 1892

No 241 d. Quarter.

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (State whether male or female)

2. Race or color, (if not of the white race):

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Midwife under whose charge or supervision a child is born, or the practitioner of midwifery, shall, before the birth of the child, register with the Commissioner of Health, in the manner and within the period above required, and shall cause without the attendance of a physician or practitioner of midwifery, a certificate of birth to be signed by the practitioner of midwifery, to be filled out, and a duplicate of such certificate to be filed with the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible]

the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be in the form of a certificate, and shall contain the full name of each child, if any child have been born, the sex, color, the full name of the mother, and the date of birth. If no child have been born, the Registrar of Health shall certify to that effect. The Registrar of Health shall forward the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the Registrar of Health shall be under the duty of the person or persons of such birth to report the birth to the Commissioner of Health. In the absence and in the absence of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible]

the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up at the close of each year, and forwarded to the Commissioner of Health. The schedule may also contain the full name of each child, if any child have been born who has been afflicted with scurvy, color, the full name of the mother, and whether she be married or single; and the date of the birth of each child, and the date of the registration of such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, it shall be the duty of the person or persons so attending the birth, to report the same to the Commissioner of Health. In the absence and in place of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the Registrar of Health. It shall be the duty of the Registrar of Health to cause the same to be printed in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or persons so attending to report the birth to the Registrar of Health, in the manner and in the form of a certificate, to be supplied by the Registrar of Health, and to cause the same to be signed by the Registrar of Health, and to forward the same to the Registrar of Health, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be in the form of a certificate, and shall contain the full name of each child, if any child have been born, the sex, color, the full name of the mother, and the date of birth. If no child have been born, the Registrar of Health shall certify to that effect. The Registrar of Health shall forward the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the Registrar of Health shall be under the duty of the person or persons of such birth to report the same to the Commissioner of Health. In the absence and in the absence of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible]

the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be in the form of a certificate, and shall contain the full name of each child, if any child have been born, the sex, color, the full name of the mother, and the date of birth. If no child have been born, the Registrar of Health shall so certify, and the Registrar of Health shall retain the said schedule until be delivered. Any signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the Registrar of Health shall be under the duty of the person or persons of such birth, to report the birth to the Commissioner of Health. In the absence and in the absence of such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be in the form of a certificate, and shall contain the full name of each child, if any child have been born, the sex, color, the full name of the mother, and the date of birth. If no child have been born, the Registrar of Health shall certify to that effect. The Registrar of Health shall forward the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the Registrar of Health shall be under the duty of the person or persons of such family to be so notified to report its birth to the Commissioner of Health. In the absence and in the absence of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.* *A 10342*

1. Sex, (State whether male or female) *Girl.*

2. Race or color, (if not of the white race) *White.*

3. Date of Birth, *5th of March 1889.*

4. Place of Birth, (Street and Number) *1820 East Lombard St.*

5. Full Name of Mother, *Mary K. Dobneck.*

6. Mother's Maiden Name, *Mary K. Gier.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Joseph Gier.*

9. Father's Occupation, *Laborman.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, (or other person who makes this Return) *Crescencia Kunkel*

Address, *213 North Chapel St. per Justina Kunkel*

Remarks, *Healthy.*

Registrar of each birth, and shall enter the name on a blank schedule, to be furnished by her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the month, the practitioner shall immediately thereafter, on the day of the month, attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

State whether Male or Female)

or Color (if not of the white race)

of Birth

of Birth (Street and Number)

Name of Mother

er's Maiden Name

er's Birthplace

Name of Father

er's Occupation

er's Birthplace

of Medical Attendant, or other Person who makes this return

ress

arks

under whose license or authority the birth was reported, shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of residence of the mother at the time of the birth. In cases where the birth of any child shall occur without the attendance of a physician or midwife, the mother shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 10394

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of March*

4. Place of Birth, (Street and Number) *1500 Belair Avenue*

5. Full Name of Mother, *Mary Waly*

6. Mother's Maiden Name, *Mary Battershul*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Waly*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Link*

Address, *Corner Union R.R. and Lombard Sts.*

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child A 10395
Male.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 5 — 1889.*
4. Place of Birth, (Street and Number) *1801 Hanover st.*
5. Full Name of Mother, *Maggie Martin.*
6. Mother's Maiden Name, *Lohl.*
7. Mother's Birthplace, *America.*
8. Full Name of Father, *William Martin.*
9. Father's Occupation, *Plumber and Gas-fitter.*
10. Father's Birthplace, *America.*
- Name of Medical Attendant, or other person who makes this Return. *J. Schwasser. Midwife.*
- Address, *1532 Hanover st.*
- Remarks,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1,395

- Vol 5 of March 1887
 Westchester
 August 1887
 Bathing
 No 1057
 Bathing
 1887

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

practitioner of each birth, and shall enter the name of the child, the name of the mother, the date of birth, the place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the names conferred, if any, at birth, in a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on any day of the month, the practitioner of such birth shall deliver to the office of the Commissioner of Health, in the manner and within the period above provided, a certificate, duly signed by the mother, immediately thereafter, and shall cause the child to report to the Commissioner of Health, in the manner and within the period above provided, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars or such offense, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

A. 10397

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Wm. B.

3. Date of Birth

5² of March 89

4. Place of Birth (Street and Number)

1414 E. Lombard

5. Full Name of Mother

Lina Graenger

6. Mother's Maiden Name

Rieck

7. Mother's Birthplace

Bella

8. Full Name of Father

Charles Graenger

9. Father's Occupation

Jeweler

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

C. F. Mathias, M.D.
1416 E. Fayette St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be provided for that purpose, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in his or her name, the name and occupation of its parents, the date and place of birth, and the day of the month in which the birth occurred, the name of the physician or practitioner of medicine, and the day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offense, to be ascertained as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

A. 10395

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5, 189

4. Place of Birth, (Street and Number)

2232 N. Calvert

5. Full Name of Mother,

Mary Offley

6. Mother's Maiden Name,

Guscott

7. Mother's Birthplace,

Penna

8. Full Name of Father,

Michael Offley

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other person who makes this Return,

Thomas Opie M.D.

Address,

600 N. Howard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ethel Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3rd)

Mrs. A. 10349

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 6th - 1889.

4. Place of Birth, (Street and Number)

W. 9 Gilmore Lane

5. Full Name of Mother,

Margaret E. Campbell

6. Mother's Maiden Name,

Snyder

7. Mother's Birthplace,

Penn.

8. Full Name of Father,

W. Dougall Campbell

9. Father's Occupation,

Painter

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other person who makes this Return.

J. B. Hart MD

Address,

1137 York Road

Remarks,

GIVEN NAME ADDED.

6-2-52

L. M.

Register of each birth, and the date of the birth, shall be kept in a book, and shall be open to the inspection of any person at any time. This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. In case the birth of any child shall occur within the month, the full name of the child shall be entered in the schedule, and the date of its birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report the birth to the Commissioner of Health, and to cause the same to be entered in the schedule, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other such and forcible actions as are recoverable.

exact register of such births, and shall enter the same on a blank separate to be kept in the office of Health. This schedule shall remain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; the sex, color, the full name and occupation of the parent, the day and hour of birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, and the date of the birth, and the date of the registration. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st A. 101100

1. Sex. (state whether male or female) Female

2. Race or Color. (if not of the white race) White

3. Date of Birth. March 3 189

4. Place of Birth. (Street and Number) 417 N. Ann

5. Full Name of Mother. Brene Wicheu

6. Mother's Maiden Name. Frazier

7. Mother's Birthplace. Baltimore

8. Full Name of Father. Sam Wicheu

9. Father's Occupation. Iron Moulder

10. Father's Birthplace. Balto.

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M. D.

Address. 1003 N. Broadway

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A

10461

1. Sex, (state whether male or female)

mail

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

march 5

1889

4. Place of Birth, (Street and Number)

No 10 south bethel st

5. Full Name of Mother,

Mary Robbins

6. Mother's Maiden Name,

Mary Lee

7. Mother's Birthplace,

Howard county

8. Full Name of Father,

James Robbins

9. Father's Occupation,

sailor

10. Father's Birthplace,

Pocomoke City

Name of Medical Attendant, or other Person who makes this return.

Hester Hensar

Address,

No 200 Hears Court

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall be filled out by the parents, and shall be forth as far as the same can be filled out, and shall be delivered, duly signed by the parents, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to certify to the birth of such child, and to deliver the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Over

A. 10400

[illegible]

- Name of Medical Attendant, or other person who makes this Return. Mary Connor,

Address, 424 Fulton Park Avenue

Address, 224 Park Avenue
Remarks, Full name of child - Joseph Oliver Moreland

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. *10/1/03*

1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 6th 1889*
4. Place of Birth, (Street and Number) *No. 1454 Light st*
5. Full Name of Mother, *Jessie Walters*
6. Mother's Maiden Name, *Jessie Clark*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Abraham Walters*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Catherine Forsberg*

Address, *No. 1517 Syrd st*

Remarks, _____

This schedule shall contain a list of the births, which have occurred during the last calendar month, and shall set forth as far as the same can be ascertained the full name and sex of the child, the date, time, place and manner of birth, the name and occupation of the mother, the name and occupation of the father, the name and occupation of the medical attendant, the name and occupation of the person who makes this Return, and the name and occupation of the person who reports the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall immediately thereupon report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Register of each birth, and shall enter the same on a blank certificate to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date when delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the last day of any month, it shall be reported immediately thereafter, and no later than the fifth day of the following month. The physician or midwife who attended upon the mother, immediately thereafter, shall cause the information so obtained to be entered and recorded in the register, and shall also be required to attend to report its birth to the Commissioner of Health, in the manner and within the period above prescribed. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Male

A 10404

March 6, ^{III} / 89

1311 Bank St

Sophia Müller
Siebrecht

Baltimore

Henry Miller

Eslinger

German

Mrs Ulrika Goetzke

114 S Bond St.

Remarks.

REGISTRATION OF BIRTHS. This schedule shall contain a list of the births which have occurred under law or her care during the year, and as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, the date and place of birth; and the name of the mother, and in case the birth of the child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the birth of the child to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be liable to a fine and forfeiture of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A-10405*
1. Sex, (state whether male or female) *Colored Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Feb 6 / 1889*
4. Place of Birth, (Street and Number) *1617 Vincent near Baker*
5. Full Name of Mother, *Sophia Maker*
6. Mother's Maiden Name, *Sophia Tilghman*
7. Mother's Birthplace, *Calvert County*
8. Full Name of Father, *Julius Maker*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Calvert County*
- Name of Medical Attendant, or other person who makes this Return, *Sarah Rollins*
- Address, *1610 Vincent near Baker*
- Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the date of delivery, duly signed by the practitioner in the form of a certificate between the first and second copies of the schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner or the midwife, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* A. 101/05
1. Sex, (state whether male or female) *Male*
 2. Race or color, (if not of the white race) *Colored*
 3. Date of Birth, *March 6th 1889*
 4. Place of Birth, (Street and Number) *No 520 Sarew Al*
 5. Full Name of Mother, *Addie Biggers*
 6. Mother's Maiden Name, *" Young*
 7. Mother's Birthplace, *Charlottesville Va*
 8. Full Name of Father, *Abraham Biggers*
 9. Father's Occupation, *Waiter*
 10. Father's Birthplace, *Charlottesville Va*

Name of Medical Attendant, or other person who makes this return.

Address, *1024 Park Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A 10407

1. Sex. (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 6th 1889

4. Place of Birth, (Street and Number) *S. Carter St. No 414*

5. Full Name of Mother, *Katie Berlin*

6. Mother's Maiden Name, *Katie Will*

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, *Elmer Berlin*

9. Father's Occupation, *Painter*

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, N. Dallas St No. 114

Remarks.

[illegible]

register of such birth, and shall enter the same in the register of Births. This schedule shall contain a list of the births which have occurred under its care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The schedule shall be submitted to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner. The physician or practitioner of midwifery, or should no attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any which person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-13-57
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Holdefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child A. 10408

1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 6th 1889*
 4. Place of Birth, (Street and Number) *Lough St No 14 31*
 5. Full Name of Mother, *M. Elisabeth Holdefer*
 6. Mother's Maiden Name, *M. Elisabeth Weitzel*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Henry Holdefer*
 9. Father's Occupation, *Householder*
 10. Father's Birthplace, *Westhofen, Prussia Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*
- Address, *N. Dallas St No 114*
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female) *Female*

3. Date of Birth, March 6, 1880

5. Full Name of Mother, Sarah

7 Mother's Birthplace, *W.D.* 1 *8/11/22*

9. Father's Occupation, *Druggist*

10. Further's Birthplace, St. Louis, Mo.
Name of Medical Attendant, Dr. J. H. Reynolds or other person who makes this Return.

Remarks.

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[illegible]

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same case and occupation of its parents, time of birth, and the said certificate shall be delivered, duly signed by the Practitioner in the form of a certificate hereto annexed, and the same shall be forwarded to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* **A.** *101110*
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 9, 1889*
4. Place of Birth, (Street and Number) *No. 1618 Birgwith St*
5. Full Name of Mother, *Ella McComar*
6. Mother's Maiden Name, *Ella Fettinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry McComar*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *A. C. O. Russell M.D.*
- Address, *1241 Maryland Ave*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

and shall enter the name on a birth record, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth, the date and place of death, the date and place of burial, the date and place of marriage, the date and place of divorce, the date and place of death of any child, and the date and place of death of any child, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th A 164/12*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th 5 am 1887*

4. Place of Birth, (Street and Number) *707 Br Balto St*

5. Full Name of Mother, *Rebecca Kaufman*

6. Mother's Maiden Name, *Rebecca Gundersheimer*

7. Mother's Birthplace, *Richmond Va*

8. Full Name of Father, *Emanuel Kaufman*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return. *A. H. Haskin M.D.*

Address, *1136 Lexington St*

Remarks, *Partial placenta previa*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race). White
3. Date of Birth, March ~~21~~ 5th, 1887
4. Place of Birth, (Street and Number) 1683 Charles Street
5. Full Name of Mother, Mary A Eckhardt
6. Mother's Maiden Name, Mary A Stang
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, Henry Eckhardt
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Hesse Darmstadt Germany
Name of Medical Attendant, or other person who makes this Return, Elizabeth Hintan
Address, 12 14 West Barney Street
Remarks,

REGISTRAR OF SUCH BIRTHS, AND NO CHILD
 HEALTH. This schedule shall contain a list of the births which have occurred under his or her care during the
 month, and shall be filed forth as same can be ascertained, the full name of each child, if any shall have
 been born, the date of birth, the place of birth, and the
 said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the
 third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
 shall occur without the attendance of a physician or practitioner of Health, or should no other person be in
 attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such
 any such person or persons who shall hereafter fail to comply with the provisions of this act, to be
 fined to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jannie R. Billmire

6th

A.

1014 111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6th 1899

4. Place of Birth, (Street and Number)

2024 Bank St.

5. Full Name of Mother,

Jannie Billmire (Clara Bielmeier)

6. Mother's Maiden Name,

Sydexs Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George William

Billmire

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Hrika Goetke

Address,


114 S Bond St.

Remarks,

CERTIFICATE CORRECTED *5-21-54*

hmm

Health. This schedule shall contain at first of the month with which each quarter begins, for every month, and shall set forth in a plain and concise manner the full name of each child, if any shall have been conferred to said child, the full name and occupation of its parents, the date and place of birth, and the date of its baptism, and the date of its admission to the church, and the date of its first communion, and the third year of each year, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, who such person or persons shall hereafter fail to comply with the provisions hereof, to be recalled, and to the sum of ten dollars each, to be collected as an offset for a and birth records are recoverable.

 10418

800 W. E. DILLANY & CO., CITY PRINTER AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *March 6 1889*

Place of Birth, (Street and Number) *1210 Madison St.*

Full Name of Mother, *Lizzie Smith*

Mother's Maiden Name, *Wheat*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Glennice Smith*

Father's Occupation, *Superintendent*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Haroldina Delapoint*

Address, *403 1/2 E. Second St.*

Remarks,

of each birth, and shall enter the same on a single certificate for the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall be the duty of the Registrar to see that the certificate is filled out by the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and place specified, and the birth of such child shall be subject to the same provisions and penalties as other births, and the same shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* *A. 10415*
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Mar 6th 189*
4. Place of Birth, (Street and Number) *118 - W. Second St*
5. Full Name of Mother, *Bella Blackburn Fender*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *New Jersey*
8. Full Name of Father, *Leon Fender*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Alsace Germany*
- Name of Medical Attendant, or other person who makes this Return, *A. H. Smith M.D.*
- Address, *2100 - Mt Airy*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 10419

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7th 1899

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Esther Scott

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Legitimate Birth

8. Full Name of Father, New York

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, James E. Lister M.D.

or other Person who makes this Return

Address, 89 Asquith Street

Remarks, " "

Exact register of such births, and shall contain a list of the births which have occurred under his or her care during the year, and shall be forwarded to the Office of Registrar of Vital Statistics, Baltimore City, on or before the first day of January following. The register shall be in the form of a book, and shall be kept in the office of the Registrar of Vital Statistics, Baltimore City, and shall be open to the inspection of any person who may desire to examine it. The register shall be kept in the office of the Registrar of Vital Statistics, Baltimore City, and shall be open to the inspection of any person who may desire to examine it. The register shall be kept in the office of the Registrar of Vital Statistics, Baltimore City, and shall be open to the inspection of any person who may desire to examine it.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 10/4/20
4

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Ballard*
3. Date of Birth *7 March*
4. Place of Birth (Street and Number) *752 Wabash St*
5. Full Name of Mother *Betty Johnson*
6. Mother's Maiden Name *Betty Brexton*
7. Mother's Birthplace *Howard County*
8. Full Name of Father *John T. Johnson*
9. Father's Occupation *waiter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Margaret Goldburg*
- Address *1831 Shewardally*
- Remarks *fine Healthy baby*

[illegible][illegible]

A. 10421

on a

on a

March 28 89

1512 Orleans St.

Senay, Stallings

Замечания

Balto. Mt.

Joseph Stallings

Type casted

Baltimore

Caroline Miller

1605 (Walker) 18

identity. This schedule shall contain a list of the birth which have occurred during the preceding month, and shall set forth as to the same can be ascertained the full name of each child, the date during the month conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, of the persons who have attended the birth of each child, and shall be signed by the physician or other person he in attendance upon the mother, immediately thereafter. It shall become the duty of the parent or parents of such child to cause the same to be duly registered, and to cause the same to be duly signed by the physician or other person or persons who shall hereafter fail to comply with the provisions of this law, shall be fined not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

identity. This schedule shall contain a list of the birth which have occurred during the preceding month, and shall set forth as to the same can be ascertained the full name of each child, the date during the month conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, of the persons who have attended the birth of each child, and shall be signed by the physician or other person he in attendance upon the mother, immediately thereafter. It shall become the duty of the parent or parents of such child to cause the same to be duly registered, and to cause the same to be duly signed by the person or persons of which such person or persons who shall hereafter fail to comply with the provisions of this law, shall be fined not less than ten dollars nor more than twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Identity. This schedule shall contain a list of the birth which have occurred during the preceding month, and shall set forth as to each the name of such child, the date during the month conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the names of the persons who attended at the birth, and shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, immediately thereafter it shall become the duty of the parent or parents of such child to cause to be filed in the office of the Commissioner of Health, a statement of the facts herein required and set forth in this section, and if any such person or persons who shall hereafter fail to comply with the provisions of this section and be convicted thereof shall be liable to a fine of ten dollars as other fines, to be recovered as other fines are recoverable.

- identity. This schedule shall contain a list of the birth which have occurred during the preceding month, and shall set forth as to the same can be ascertained the full name of each child, the date during the month conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, of the persons who have attended the birth of each child, and shall be signed by the physician or other person he in attendance upon the mother, immediately thereafter. It shall become the duty of the parent or parents of such child to cause the same to be duly registered, and to cause the same to be duly filed in the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this law enacted and collected to the fine of ten dollars as each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child *A. 10424*

1. Sex, (state whether ~~male~~ female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 7th 1889*
4. Place of Birth, (Street and Number) *S. Broadway No 906*
5. Full Name of Mother, *Elisabeth Rehmer*
6. Mother's Maiden Name, *Elisabeth Bien*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Henry Rehmer*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *No Dallas St No 114*

Remarks, *[Signature]*

This schedule shall contain a list of the births which have occurred under his or her care during the health, and shall be signed by the physician or practitioner in the form prescribed by the Board of Health, and the said schedule shall be delivered, duly signed by the practitioner in the form prescribed by the Board of Health, on the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to deliver the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered at other times and on other terms as may be deemed proper by the Board of Health.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

34

A 11425

Male

White,

Micho 7. / 1889

1326. Myrtle ave.

Annie James Magers,

Annie James Walston,

Maryland.

Wm H. Meyers,

Salisbury

Balto Tally

to
J. H. Chambers
304 N. E.

304 N. E. 1st St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4.

A 1242

Male

L. Howard

March 7 1889

939 Yurray ally

Amiel Richard.

arril Riley

Saint Mary's Center

Charley Richardson

Daymon

May 1891
Baltimore Md

or other Person who
makes this Return.

Lucy Cornish 90

906 Jordan Alley

John Murphy & Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who in any manner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

A. 10/1/25

1. Sex (state whether male or female), male
 2. Race or Color (if not of the white race), colored
 3. Date of Birth, ~~12-27~~ March 7 1889
 4. Place of Birth (Street and Number), 1207 North Wolfe St City
 5. Full Name of Mother, Josephine Adodd age 28
 6. Mother's Maiden Name, Josephine Trusty
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Thomas Adodd age 31
 9. Father's Occupation, waiter
 10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Ellen Carlson
- Address, 1026 North Chappel St City
- Remarks,

[illegible]

Health. This schedule shall contain a list of the persons who are confined in the institution, and shall not go so far as the same can be ascertained the full name of each child, if any shall have been conferred; in section the full name and occupation of its parents, the date and place of birth; and the date of its confinement, and the date of its discharge, and the date of its death. In case the birth of a child shall occur within any of each and every month to the office of the Commissioner of Health, and the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to report the birth of such child to the office of the Commissioner of Health, and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined not less than the sum of ten dollars nor more than the sum of fifty dollars, and the same shall be collected to the use of ten dollars as such offense, to be recovered as other fines and forfeitures are recoverable.

14 卷

Health. This schedule shall contain a list of the persons who are confined in the institution, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its confinement. It shall also contain a list of the persons who have been born in the institution during any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to report the birth of such child to the office of the Commissioner of Health. In case any person or persons who shall hereafter fail to comply with the provisions of this section shall be fined not less than five nor more than ten dollars for each offense, and forfeited to the use of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Male

White

March 7th 1889

948 Lexington St

Louisa C. Proctor.

Peters.

Hagenström, Mel

John F. Thomas.

Merchant.

Hagenstown Md

Susan Hunter

23 N Poppyrnetton - 25

[illegible]

[illegible]

This schedule shall contain a list of the births which have occurred since the last report, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of the month and year of birth, and shall also contain a statement of the date and place of death of each child, and every month to be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report the birth to the Commissioner of Health. In the manner and within the period above required, and in accordance with the regulations of the Commissioner of Health, the person or persons so required shall send to the first of ten per dollar for each child to be registered an outer fluea, and furthermore, shall be required to file the same with the Commissioner of Health.

[illegible]

[illegible][illegible]

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

2 A.10431
Female

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child A 111132*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *Nov 7 1889*

4. Place of Birth, (Street and Number) *1202 McElbrook St*

5. Full Name of Mother, *Anna Gordon*

6. Mother's Maiden Name, *Anna Brown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jas Gordon*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Lucia Wolford*

Address, *122 Register St*

Remarks,

that of the birth, which has occurred under his or her care during the month, and shall be filed as far as possible, and as soon as possible, in the office of the Registrar of Vital Statistics, Baltimore City, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, and the said schedule shall be delivered, duly signed by the person or persons so required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

Register of Births. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as the same can be ascertained, the names of the mother and child, the date and place of birth, and the sex, color, and race of the child, and the name of the physician or practitioner of midwifery, or the person or persons of such third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons of such attendance upon the mother, immediately upon the birth of the child, the person or persons who shall be present shall report the birth of the child to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 10/33*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *March 8th 1889*

4. Place of Birth, (Street and Number) *1712 Light St*

5. Full Name of Mother, *Harriet Marshall*

6. Mother's Maiden Name, *" Early*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm Marshall*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Theodore Corbett*

Address, *1712 Light St*

Remarks, *Grav. Charles*

that of the births which have occurred under his or her care during the month, and sales set out as the date ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be the person who attended the birth, the mother, or the father, or the parents or parents of such child, or the person who attended the birth, or the Commissioner of Health, in the manner and within the period of such child to be reported, shall be liable to a fine of not more than ten dollars, and the said schedule shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars or more if it is not recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

A. 10454

1. Sex, (state whether male or female) Colored Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, March 8th 1889
4. Place of Birth, (Street and Number) Baltimore 519 West Hoffman St
5. Full Name of Mother, Adel Dennis
6. Mother's Maiden Name, Adel Blake
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ed Dennis
9. Father's Occupation, Wagoner
10. Father's Birthplace, Princess Anne Somerset county Md
- Name of Medical Attendant, or other Person who makes this Return. Mr. Miller Parks
- Address, 930 m - Baltimore St
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18

10405

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *8th March 1889*
4. Place of Birth, (Street and Number) *507 Brune Street.*
5. Full Name of Mother, *Marie Mc Gusker*
6. Mother's Maiden Name, *O'Connell*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William Mc. Gusker*
9. Father's Occupation, *Upholsterer.*
10. Father's Birthplace, *Baltimore.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Mesenzehl*
Address, *150 Pennsylvania Avenue*
Remarks,

994 J. G. CLARYS & CO. CITY BOOKSHELF AND STATIONERY

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

A. 104/35

female

white

8th March 1889

1223 Division F.

Bridget Havenaugh

Murray

Ireland

Lohn Kavenaugh

Labore

Baltimore.

or other person who makes this Return.

Mrs. Annie Mesenzehl

1507 Pennsylvania Avenue

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

A. 10437

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th

4. Place of Birth, (Street and Number)

2321 Oliver St

5. Full Name of Mother,

Elizabeth Wilson

6. Mother's Maiden Name,

" Schaffer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Samuel E. Wilson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Samuel St.

Name of Medical Attendant, or other person who makes this Return,

Mrs Julia Groover

Address,

440 N. Gay St

Remarks,

Health, in such cases, shall certify, or cause to be stamped, the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent of such child shall report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *56 twins A. 11/1/38*

1. Sex, (state whether male or female) *2 males*

2. Race or Color, (if not of the white race) *colored race*

3. Date of Birth, *march 4th 1887*

4. Place of Birth, (Street and Number) *Warner St 112H*

5. Full Name of Mother, *Fragers marton*

6. Mother's Maiden Name, *Fragers mick ins*

7. Mother's Birthplace, *north thunders land county wis*

8. Full Name of Father, *John marton*

9. Father's Occupation, *barber*

10. Father's Birthplace, *Baltimore cit. Md*

Name of Medical Attendant, or other Person who makes this Return. *Catherine Brilley*

Address, *1126 russell St*

Remarks,

and shall report the same on a card, the form of which shall be furnished by the Registrar, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified, and shall not be liable to any penalty for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child A. Casey*

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 8 1889

4. Place of Birth, (Street and Number)

923 Charles St.

5. Full Name of Mother,

Ida Sparauk

6. Mother's Maiden Name,

Ida Still

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis Sparauk

9. Father's Occupation,

Confectionery

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. J. Caskey

Address,

2730 Mather St.

Remarks,

Living ~~well~~ Well

This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, race or color, of each child, if any shall have been born, and the name and occupation of its parent, the date and place of birth, and the date of the certificate signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the mother or other person be in attendance upon the birth of a child, or in case the father or other person be in attendance upon the birth of a child, the duty of the person or persons of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its mother, the date of its birth, and the date of its registration, and shall also certify to the fact that the child has been registered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar, and that the child has been in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *March 8th 1889*

4. Place of Birth, (Street and Number) *923 Millon Place*

5. Full Name of Mother, *Anna E. Leas*

6. Mother's Maiden Name, *Anna E. Cook*

7. Mother's Birthplace, *Id*

8. Full Name of Father, *Harry M. Leas*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Id*

Name of Medical Attendant, or other Person who makes this Return, *J. Miller M.D.*

Address, *639 Franklin St.*

Remarks, _____

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A

- The Baltimore Publishing Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A. 101142
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 8th 1889*
4. Place of Birth (Street and Number) *822 Grand Hill av*
5. Full Name of Mother *Clara V. Hallquist*
6. Mother's Maiden Name *Clara V. Giff*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Bernard E. Hallquist*
9. Father's Occupation *Saloon Keeper*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Dr. Winblad*
Address *924 McCulloch st*
Remarks

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name and occupation of the father, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the child, and the date of its birth. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner, he or she shall become the duly qualified person or persons who shall report its birth to the Commissioner of Health, in the form of this schedule, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 3-14-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene Lottie Underwood

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

A 101113

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, March 8th /89
 4. Place of Birth, (Street and Number) 1626 Preston St
 5. Full Name of Mother, Annie Underwood
 6. Mother's Maiden Name, Young
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Underwood
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Ulrika Goetze
- Address, 114 S Bond St.
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or aid at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A.* *1111111*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18th of March*
4. Place of Birth (Street and Number) *1613, Gasberg St. Baltore*
5. Full Name of Mother *Annie Belle Luster*
6. Mother's Maiden Name *Annie Bell Ward*
7. Mother's Birthplace *Carrollton Carroll county*
8. Full Name of Father *Josiah Charles Luster*
9. Father's Occupation *Carriman*
10. Father's Birthplace *Fredrick county*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. H. Ruth*
Address *1603 Presbys. St*
Heathly.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

A. 10445

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

March 8th 1889

4. Place of Birth, (Street and Number)

Atterbury 535

5. Full Name of Mother,

Annie Stewart

6. Mother's Maiden Name,

Annie Maddix

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father.

Daniel Steward

9. Father's Occupation,

Boiler

10. Father's Birthplace,

West River

Name of Medical Attendant, or other Person who makes this Return

Mary Jane Richardson

Address,

315 King Street

Remarks.

All as can be expected.

advised at their birth or any other time, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Health. This schedule shall contain as to each child, the name of the mother, the name of the father, the date of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain the name of the physician or midwife, or other person, by whom the child was born, and the date of its birth, and the date of its registration. The certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to such other person or persons as shall hereafter fail to comply with the provisions above required, and any such person or persons who shall hereafter fail to comply with the provisions above required, shall be liable to a fine of ten dollars for each offence, to be recovered by the State.

[illegible]

A. 101140

- Wali.
White, race.
March. 1897.
No. 32. Barney St.
Annie. Kearney.
" " Waver.
Belle. W.L.
Ronald. Kearney.
Labor.
Ireland.
Annie. Gurney.
Nov. 14. Light. St.
Yours. Respectfully.

Health. This schedule shall contain a list of the birth which have occurred under its care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any child has been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death, and shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, of the number of children born, and of the number of children who have died, and of the number of children who have been born to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each such person or persons who shall hereafter fail to comply with the provisions hereof and above required, to be fined to the sum of ten dollars as other laws, to be recovered as other laws and forfeitures are required, to be.

[illegible]

A. 10447

May

STRENGTH AND STIFFNESS OF A 3-DIMENSIONAL

March 8. 89

1873 *Reginald St.*

Mary Ellen Lantry

Sevelly

Bello Ind.

Anden Genteros

Telegraph Operator

Balto Ind.

Caroline Miller

1605 Walker St

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health after the third day of the month, the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child 10445
Female

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, March 8 1889.
 4. Place of Birth, (Street and Number) 28 Cross St.
 5. Full Name of Mother, Emilie Dorsch.
 6. Mother's Maiden Name, Westpheller.
 7. Mother's Birthplace, Germany.
 8. Full Name of Father, Andrew Dorsch.
 9. Father's Occupation, Tailor.
 10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, J. Lohwasser Midwife.
- Address, 1032 Hanover St.
- Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the health. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the foregoing provisions shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 10449

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday, March 5th 1887.

4. Place of Birth, (Street and Number)

112 2010 Wilhelmina St

5. Full Name of Mother,

Lizzie Toll.

6. Mother's Maiden Name,

Lizzie Gearing

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Toll

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Catherine Toll

Address,

112 349 Bonaparte St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2.

A. 11/1/08

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th 1889.

4. Place of Birth, (Street and Number)

514 Chapel St.

5. Full Name of Mother,

Emmi Ganders

6. Mother's Maiden Name,

Emmi Fedden

7. Mother's Birthplace,

Baltimore M. D.

8. Full Name of Father,

Charli Ganders

9. Father's Occupation,

Labourman

10. Father's Birthplace,

Baltimore M. D.

Name of Medical Attendant,

or other Person who makes this Return

Ellen Smith

Address,

1213 Eastern ave.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the practitioner shall report the birth to the Commissioner of Health, immediately thereafter. It shall become the duty of the person or other person, be it in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A 10457

The 69 Child

Female

White

The 9 March 1889

No 929 Co. Cadast

Mary Murphy

Mary Quinn

Baltimore

Patrick Murphy

Watchman

Baltimore

Mrs C. L. Lunn

No 1054 Maryland Ave

Bal Md

1889

Health, and in all not delivered for the first time, can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its mother, the date of its birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, before the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall become the duty of the person or persons of such age and legal capacity as shall be above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th A 11452

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 9 of March 1899

4. Place of Birth, (Street and Number)

Baltimore, 330 S. Poppleton St.

5. Full Name of Mother,

Mrs. Mary E. Smith

6. Mother's Maiden Name,

Miss Mary E. Shurhebeck

7. Mother's Birthplace,

Carroll County, Md.

8. Full Name of Father,

Mr. George W. Smith

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Susan Huntington

Address,

23 S. Poppleton St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the name of the parents, the date and place of birth; and the sex, race or color, if not of the white race, of each child, and the date of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 *Wm.* **A.** 10453

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Wm.
Mar. 9th. 1889

3. Date of Birth,

4. Place of Birth, (Street and Number)

221 E. Washington St.

5. Full Name of Mother,

Mary E. Barcroft

6. Mother's Maiden Name,

of "Dunkin"

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

Geo. E. Barcroft

9. Father's Occupation,

Merchant

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other person who makes this Return.

J. L. Miller

Address,

226 E. Bay

Remarks,

[illegible]

3 Child A 11/13/14
Female.

Female.

March 9 — 1889.

217 Grindel st.

Juliana Burkart.
Lang.

Lang.

America

Martin Burkhardt.

Labores

Germany

J. Schvovsker. Midwife.
1032 Hanover st.

Germany.
J. Schwesker. Midwife.
1032 Hanover st.

1032 Hanover St

Remarks, .

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the name of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and the last day of the month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or persons of such child to report its birth to the Commissioner shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ninth

A

10455

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 9th

4. Place of Birth, (Street and Number)

718 S. Green Street

5. Full Name of Mother,

Bessie McPherson

6. Mother's Maiden Name,

Bessie Murphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert McPherson

9. Father's Occupation,

Painter

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other person who makes this Return.

Address,

Requena Schleifer
641 J. Penn Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 4th A. 10457

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *9th March 1889*
 4. Place of Birth, (Street and Number) *107 Francis Street*
 5. Full Name of Mother, *Rosa O'Brian*
 6. Mother's Maiden Name, *Peseroth*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George O'Brian*
 9. Father's Occupation, *Table-boss*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Mesenzehl*
- Address, *1507 Pennsylvania Aven.*
- Remarks,

This schedule shall contain a list of the persons who have been born in the city of Baltimore, and the full name of each child, of any woman have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, and the date of the death of any person or persons, and the date of the birth of any child to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child Answer

1. Sex, (State whether male or female)

Girl

2. Race or color, (if not of the white race)

White Race

3. Date of Birth,

March 9th 1889.

4. Place of Birth, (Street and Number)

#22222. Frederick ave.

5. Full Name of Mother,

Mary Schwab.

6. Mother's Maiden Name,

Mary Wells.

7. Mother's Birthplace,

Howard County

8. Full Name of Father,

Henry Schwab.

9. Father's Occupation,

Driver

10. Father's Birthplace,

Watonsville

Name of Medical Attendant, or other person who makes this Return.

Mrs. Keller

Address,

2127 West Pratt Str

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the day of the month and year of its birth, and the day of the month and year of its birth, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Second A. 10459

Male

White

Mar 10th 1889

107 E. Hughes St

Annie Bond

Annie Johnson

Balto

Richard Bond

Carpenter

Balto

Mrs C A Lewis

602 Hammer St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Alvin H Burrows 10450

1. Sex, (state whether male or female) Light Brown skin male

2. Race or Color, (if not of the white race) Light Brown skin

3. Date of Birth, March 10 1899

4. Place of Birth, (Street and Number) No 8 Hughest

5. Full Name of Mother, Miss Ellen Morah Burrows

6. Mother's Maiden Name, Miss Ellen Morah Robson

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Mr Peter rother Burrows

9. Father's Occupation, Black Smith

10. Father's Birthplace, Eastern new market Dork hister No 10

Name of Medical Attendant,

or other Person who makes this Return

Miss annie Jonson

Address,

Welcome alley

Remarks,

First visit to Pation

during the month, and shall not forth as far as the same can be ascertained, the full name of each child, if any issue shall have been conferred, its sex, color, the full name of the parent, the day and place of its birth, and the said schedule shall be delivered, duly signed by the registrar, to the birth certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the child be born in the home of the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the same to be registered, in the manner and within the period above required, except in the case of the birth and death of the mother, in the register, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 11-6-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Myrtle Mary Padgett*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st *PA 456*
Female

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race).

White

3. Date of Birth,

March 10 1889

4. Place of Birth, (Street and Number)

45 E. Mountjoy St

5. Full Name of Mother,

Johnna Padgett

6. Mother's Maiden Name,

Johnna Cadle

7. Mother's Birthplace,

MD

8. Full Name of Father,

Mortimer Padgett

9. Father's Occupation,

Laborer in Tobacco St. 42

10. Father's Birthplace,

MD

Name of Medical Attendant, or other person who makes this Return.

Dr. B. Noble MD

Address,

301 Starna St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the date of birth, the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the remarks. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to file this schedule with the Registrar of Vital Statistics, Baltimore City, and to pay to him any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* *A. 10453*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 10th 1884*
4. Place of Birth, (Street and Number) *N.W. Cor. Liberty & Marion Sts.*
5. Full Name of Mother, *Mary Clark Stewart.*
6. Mother's Maiden Name, *Mary Clark*
7. Mother's Birthplace, *City*
8. Full Name of Father, *George Stewart*
9. Father's Occupation, *Bell hanger, Locksmith, &c.*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *R. W. Wiffen M.D.*
- Address, *321 N. Paca St.*
- Remarks,

[illegible]

See Baltimore Publishing Co., City Printers and Stationers.

Second (2) A. 104/54

Female

White

March 10th, 1889

No. 1627 Orleans St. Or Bethel

Miss Martha Margaret Grottelick

Oliver Nathaniel Koenig
B. H. 1844

Buttmore, M. d.

Mr. William Joseph Grollendick

Ba Kan

Germany

or other person who makes this Return. William H. Clendenen, M.P.

1700 E. Fayette St. (cr. & cor. Dray

Name, Elizabeth J. C., 1533 Orleans St.

register of such birth, and shall enter the same on a fitting schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall also contain a record of the date of each birth, and the date of its registration, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.* *A* *10465*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *—*

3. Date of Birth, *April 10. 89*

4. Place of Birth, (Street and Number) *1924 Orleans St.*

5. Full Name of Mother, *Mrs. Elizabeth Jora Baumer Michel*

6. Mother's Maiden Name, *Mrs. Elizabeth Jora Baumer*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Frank Lee Michel*

9. Father's Occupation, *Boys-maker*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *G. G. Kunk Head-*

Address, *2000 E. Balt. St.*

Remarks, *Natural delivery*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A. 10/1/88

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 10, 1889
4. Place of Birth, (Street and Number) Wentley Street. (Gristenore)
5. Full Name of Mother, Harriet A. Childs
6. Mother's Maiden Name, Harriet A. Bellan
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo W. Childs
9. Father's Occupation, Candy maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. B. Mullins M.D.

Address, Barnes St.

Remarks, Bellman

This schedule shall contain a list of all births occurring within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of the month and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

12th

A 11/15/20

- Phyllis

White

March 10: 1889

Edmundson Ave & Calhoun

Nannin Giesbert

44 Bazin

Fredrick Co. Md

Geo: Stephen Giesbrecht

Fredrick Co. Md

C. L. Williams

900 Madison Ave

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th A. 10468

- Female

10th of March

203 S High St

Elizabeth Smith

R. y. kensis

Ireland

John Smith

Porter

Ireland

Sarah Cooper

1022 Granby St

Remarks,

WM. J. D. DULANEY & CO. CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the organs which have been examined and shall set forth as far as the same can be ascertained the full name of each child, if any child has been born, the date of birth, the sex, the color, the full name and occupation of the parents, the date and place of birth; and the child's schedule shall be filed in the office of the Commissioner of Health, and in the office of the Registrar of Births, and in the office of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person of such child to report the birth to the Registrar of Births, and the parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

2^d A. 101107

Feb. 11. 1862

6. 1. 1901

March, 1891

427 *Lycopodium obscurum*

Amie Johnson

M. d.

Chas the

W. L. Morgan - MD

or other person who
makes this Return.

212 Franklin St

Remarks,

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marguerite May Hogg ² child A 10 4 76

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return.

Address,

Address, _____
Remarks, Child - Healthy -

J. L. Powell M.D.
 2124 St. Paul St.

[illegible][illegible]

F

A 1171

- Wm
Leve'
Wm H. / 84
717 Bond St
Melinda Carter
Melinda Thomas
Wm
Barbara Land
Lab'
Wm
Jane Wood

James Woodhouse

This schedule shall contain a list of the births which have occurred under the care of the month, and shall be signed by the practitioner in the month, and shall be delivered to the Registrar of Births, on or before the first day of the month following the month in which the births have occurred. The sex, color, the full name and the date and place of birth, and the full name of the mother, shall be given for each child, and the date and place of birth of the mother, shall be given for each mother. In case the birth of any child is reported to the Registrar of Births, the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth, to the Registrar of Births, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

First *A 10472*

Male

White

March 11th 1881

824 Chambers St

Louise Stewart

Louise Kessler

Dorchester Co. Md.

J. Edmund Stewart

Carpenter

Baltimore

Dr. J. H. C. C. C.

824 Chambers St.

Health care providers shall maintain a record of the birth certificate of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the parent schedule shall be delivered by the practitioner in the form of a birth certificate. The birth certificate shall occur without the attendance of a physician or practitioner of midwifery, or should no parent person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such sex, color, and name as shall be so designated in the birth certificate. If any such person or persons who are authorized to sign the birth certificate shall be found to be in violation of the provisions of this section shall be subjected to the fine of ten (10) dollars and each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. B. GILMAN & CO. CITY PRINTERS AND STATIONERS

3 Dec.

A. 10173

- female
white
March 11, 1857
914 Potomac St.
Mary Brewery
Mary Canal
Balto.
Edgar Brewery
Sailor
Balto.

Mary E. Inwayne

1721 Superior St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

A 10472

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

Black.

3. Date of Birth

March 11

4. Place of Birth (Street and Number)

Eastern Ave 1403

5. Full Name of Mother

Lilly Smith

6. Mother's Maiden Name

7. Mother's Birthplace

Balt.

8. Full Name of Father

John Smith

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant,

or other Person who makes this Return.

John A. Smith

Address

1400 Gough St

Remarks

Health. This schedule shall contain a list of the births which have occurred under its provisions during the month, and shall set forth as far as the same can be ascertained the full name of each child, if the child has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health, or should in other person be in attendance upon the mother, immediately hereafter. It shall be the duty of the practitioner or person in attendance upon the mother to report its birth to the Commissioner of Health, in the manner and within the period and under the provisions of this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10 Child A. 18476
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 11 1889.

4. Place of Birth, (Street and Number)

1503 Clarkson st.

5. Full Name of Mother,

Rosa Paulus.

6. Mother's Maiden Name,

Wieland.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Paul Paulus.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

J. Schuyler Midwife.

Address,

1032 Hanover st.

Remarks,

register of such birth and death, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name and occupation of the father, the full name and occupation of the mother, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and shall be signed by the practitioner. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons attending the birth shall immediately thereafter report the birth to the Registrar of Vital Statistics, and shall be liable to a fine of ten dollars for each offence, to be recovered by the Registrar of Vital Statistics, and the provisions of this section shall be subject to the provisions of the Act of the General Assembly of the State of Maryland, relating to the registration of births and deaths, and the penalties therefor are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* *A. 11175*
1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 11th 1889*
4. Place of Birth, (Street and Number) *1525 Nicholson St Baltimore*
5. Full Name of Mother, *Alice Kennedy*
6. Mother's Maiden Name, *Alice Mylet*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick J Kennedy*
9. Father's Occupation, *Restaurant Keeper*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Ethel*
- Address, *1619 Cuba St Baltimore*
- Remarks,

[illegible][illegible]

Second Child A. 10474

Male

White

11. of March 189.

891. Boyd, H. Baltimore

Rosie Mossman

Basile Linn.

Relaxed

John Morrassey
Laborer

Lahore

Liffesay, Ireland

Mrs. Hunter, Ind wife

23 up Pozynelton 150

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d

A. 10450

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth March 11th 1889

4. Place of Birth, (Street and Number) 137 Sanson

5. Full Name of Mother, Appoline J. Wright

6. Mother's Maiden Name, Carlton

7. Mother's Birthplace, St Mary Co Md

8. Full Name of Father, Charles Seldon Wright

9. Father's Occupation, Collar Broker

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, Harvey Willard
or other Person who makes this Return.

Address, 807 Spring St Ave

Remarks,

Every person who shall be required to furnish a return of a birth, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Matilda Marie Glosner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 10481

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

11th March 1889

4. *Place of Birth, (Street and Number)*

1136 Laurel street

5. Full Name of Mother,

Mary Glasner
Casper.

6. *Mother's Maiden Name,*

Casper.

7. *Mother's Birthplace,*

Gernung

8. *Full Name of Father,*

Philip Glassner

9. *Father's Occupation,*

Musician

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1022 Granby street

Remarks.

DATE TIME ADDED 4/28/54 41

registrar in any schedule shall contain a list of the births which have occurred under the mother's care during the preceding year, and shall set forth as far as the name can be ascertained, the fulls, the date and place of birth, and the health of each child, and shall be signed by the mother, or by the practitioner in the form of a certificate between the first and third day of each year, and delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the residence of a physician or practitioner of midwifery, or should no other person of any such class be present, the physician or practitioner shall, within the period above required, and before the birth of such child to report its birth to the Commissioner of Health. In the month of the preceding year, the provisions of this section shall be submitted to each person or persons who shall hereafter fall liable to the tax hereinbefore required, and shall be subject to the line of ten (\$10) dollars in each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

[illegible]

n Murphy & Co., City Printers and Stationers.

ad 12.12.18 A 11-183

Levee

light copper skin

eleventh of March 1858

Little pine st. 426

Mary Brooks

Mary E. Line

Baltimore City

John Brooks Baltimore City

Cook

Baltimore City

Lydia sumneri

Clinton ave 616

Remarks.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month, the practitioner shall immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d* A. 10484

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Tues. March 12th 1887.*

4. Place of Birth, (Street and Number) *112 2235 Frederick Ave.*

5. Full Name of Mother, *Hannah P. Ritter*

6. Mother's Maiden Name, *Hannah P. Pfeffer*

7. Mother's Birthplace, *Baltimore, Cal. Md.*

8. Full Name of Father, *John Ritter*

9. Father's Occupation, *Saloon Keeper.*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Catherine Zell*

Address, *112 349 Bentaloe St.*

Remarks, _____

of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the sex and occupation of the father, and the date of birth, and the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the case of the birth of any child without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person attending the mother and her child to report its birth to the health officer of the district, and any such person failing to do so, shall be liable to a fine of not more than five dollars. Each officer so required to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten dollars) should offense be recovered as a default and forfeiture of his recollection.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first A. 101155

1. Sex. (state whether male or female)

1826

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

12 #18/9

4. *Place of Birth, (Street and Number)*

11 2 615 Court St

5. Full Name of Mother.

Barbara Sanders

6. Mother's Maiden Name

Dicty

7 *Mother's Birthplace*

Periplaneta

8. *Full Name of Father*

J. H. J. J. J.

9. *Father's Occupation*

center

10. *Father's Birthplace*

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Louise Schmitt

Address.

11th 528 N 7th Ave Lincoln St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Gilbert Frederick Belgians
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1st A. 10457*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 12th 1888*
 4. Place of Birth, (Street and Number) *1369 Calhoun Street*
 5. Full Name of Mother *Emma E. (Lizzie) Belgians*
 6. Mother's Maiden Name, " " *Lizzie (Lut. Hart) Luthardt*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Gilbert C. (Robert) Belgians*
 9. Father's Occupation, *Locksmith*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. Anna Messingold*
 Address, *1503 Pennsylvania Ave.*
 Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother, the race and color of the child, the date of birth, and the name of the medical attendant, or other person who makes this return, in the form of a certificate between the first and last of each month, to be submitted to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report the birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Result. This schedule shall contain a list of the names which the registered midwives in Baltimore during the year 1900, and the full name and occupation of its parents, the date and place of birth; and the name conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance, the birth of such child shall be recorded by the person or persons for parents of such child to certify its birth to the Commissioner of Health, in the manner and within the time provided for in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd A 10488

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 12th

4. Place of Birth, (Street and Number)

1019 N. Dallas St

5. Full Name of Mother,

Lizzie Lamp

6. Mother's Maiden Name,

" Buddenbren

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Nicholas Lamp

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs Julia Green

Address,

940 N. Gay St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in as far as the same can be ascertained the full name of each child, if any shall have been born, and shall also contain the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place where the child was born, and the name and address of the practitioner in whose office the birth occurred. It shall also contain the date and place of the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery or other person to be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately upon the birth of the child, to report to the Commissioner of Health, in the manner and within the period above required, and to file with him or her a true and correct copy of this schedule. Any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in as far as the same can be ascertained the full name of each child, if any shall have been born, and shall also indicate the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place where the child was born, and the name and address of the practitioner in whose office the birth occurred. It shall also contain a list of the third day of each and every month to indicate the birth of any child which may occur without the attendance of a physician or practitioner of midwifery or other person to be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately upon the birth of the child, to report to the Commissioner of Health, in the manner and within the period above required, and to file with him or her a true and correct copy of the schedule, and to certify that the same is a true and correct copy of the original. Any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

A. 10490

Hal.

714

March 13, 1872

#1114 (1960) 88

Amelia Tyler

AB 12 to 14

Thomas Apple
Baker

22 Jan

3rd to 11th

Mrs. Clara H. Jones

10305 Florence T

REGISTER OF SUCH BIRTHS, AND SHALL REPORT THE SAME TO THE COMMISSIONER OF HEALTH. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Vital Statistics, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the date of death, if any, of the child. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the same to the Registrar of Vital Statistics, and the Registrar shall be authorized to require and receive such report, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

A. 10491

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th 1894

4. Place of Birth, (Street and Number) 1224 Lexington St.

5. Full Name of Mother, Mary Shorter

6. Mother's Maiden Name, Jackson

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, T. L. Shorter

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Emma Hillger

Address, 1038 1/2 Hammond St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the color, sex, date and place of birth, the names of the parents, the date and place of the birth of each, and the day of each, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th A. 10/1/92
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Mar 12th 1889
 4. Place of Birth, (Street and Number) 1600 Larnion St.
 5. Full Name of Mother, Mary V Brooks
 6. Mother's Maiden Name, Mary V King
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, James A Brooks
 9. Father's Occupation, Carpenter & Builder
 10. Father's Birthplace, Baltimore County
 Name of Medical Attendant, or other Person who makes this Return. M. K. Warner M.D.
 Address, Cor Lafayette Ave & Strick St
 Remarks,

[illegible][illegible]

A. 10494

Female

Whice

Mar - 12th 1889

No 1046 71 Stricker St

Eliza besty Rhode

Leightman

Battersea City

Mr. Rhoads

Grocery Business

Baltimore City

Mr Warner, M.D.

Cor Lafayette Ave & Sticks


Date _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th A. 10475

1. Sex (state whether male or female), Male.

2. Race or Color (if nat of the white race), White race.

3. Date of Birth, Dec March 12th /89

4. Place of Birth (Street and Number), 107 Roanoke St.

5. Full Name of Mother, Rosey. Wengert.

6. Mother's Maiden Name, Rossey Hackler.

7. Mother's Birthplace, Wurtemberg Germany.

8. Full Name of Father, Konrad Wengert.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Wurtemberg Germany.

Name of Medical Attendant, or other person who makes this Return, Anna Maria Goller

Address, 1703 Hanover St

Remarks, Baltimore. City

This schedule shall contain a list of the births which have occurred under this or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conformed), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when it shall be delivered, duly registered, and the name of the physician or midwife, or other person who attended the birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month following the month of birth. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A 104.95
The 3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 12 of March 1899

4. Place of Birth, (Street and Number)

No 1811 E. Howard St

5. Full Name of Mother.

Ellice Barker

6. Mother's Maiden Name,

Ellice Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Barker

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. E. L. Lunn

Address,

No 1054 Hurford Ave

Remarks,

3rd of May 1899

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third A. 10477

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 12th 1899

4. Place of Birth (Street and Number),

1413 Light St

5. Full Name of Mother,

Rachel A. Ross

6. Mother's Maiden Name,

Rachel A. Pierce

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Robert W. Ross

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. J. H. McCall

Address,

8606 Hammond St.

Remarks,

This schedule shall contain a list of the births which have occurred under its of her name during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be given the first and third day of the month following the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons who shall have attended the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 10-1-98

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *alind. gurnes. child the 27*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *March the 12th*
4. Place of Birth, (Street and Number) *Mont St. Carl. No 1*
5. Full Name of Mother, *alind. gurnes*
6. Mother's Maiden Name, *gurnes*
7. Mother's Birthplace, *Easton Shore*
8. Full Name of Father, *John H. Way*
9. Father's Occupation, *Steamer Dock*
10. Father's Birthplace, *Easton Shore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss L. Anderson*
- Address, *109 Lincoln St.*
- Remarks, *Nothing said*

to be filled out by the Registrar of Births, Deaths, and Marriages, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Baltimore, Md.
 The Registrar of Births and Deaths, under the authority of the Commissioner of Health, shall receive and register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the following questions: 1. Name of the child, sex, date and place of birth, and the month, and day of the month, and year, in which the child was born. 2. Name of the mother, and her maiden name. 3. Name of the father, and his occupation. 4. Name of the medical attendant, and his address. 5. Name of the person who makes this return. 6. Address of the person who makes this return. 7. Remarks. The full name and occupation of the parents, the date and place of birth, and the month, and day of the month, and year, in which the child was born, shall be entered on the schedule, and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or without the presence of a medical attendant, upon the birth of such child, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

4th
 Male
 White
 March 13 1889
 1032 N. Fayette St-
 Margaret Blondell
 " Burk
 Balto Md
 Jas. A. Blondell
 Clerk
 Balto Md
 Susan Hunter
 23 N. Pappellian St-

A. 10499

[illegible]

Annetta Sophia Wetzel

(9th) North AL 500

- Female

- Whilk -

- March 10th - 1889.

- 1169 York road

- Louisa Wetzel

- Louisa Wise

- Maryland

- J. Fredrick Welzel

- Baker

- Germany

Dr. A. A. A.

1137 York road

ENTER NAME ADDED 2-24-54

h. m.

[illegible]

WILLIAM J. C. HILARY & CO., CITY PRINTERS AND STATIONERS.

3rd 1889. E 10501

Female

March 13th 1889.

303 S. Huntington Ave

Maqqie Stiell

1) Зеркала

Kalt

George Atwell

House built.

B. H. M. F.

Mr. K. K. K.

1029 E. Pratt St.

.....

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-10502

10. Father's Birthplace, Boston City

Remarks.

R. H. Goldsmith and
Barlow & Co. Calumet

registrar of vital statistics, the name of the child, which have been given upon birth, and the date of birth. This schedule shall contain the name as ascertained, the full name of each child, if any child have been conferred the name, the date and place of birth, and the date and place of death, and the sex, color, the full name and occupation of its parents, and the name and occupation of the practitioner in the form of certificate the birth of any child and certificate shall be delivered, duly signed by the practitioner of midwifery, or should no person be in attendance upon the mother, immediately thereafter or prior to the delivery of the child, to the registrar of vital statistics, and the duty of the person or persons in attendance upon the mother, immediately thereafter or prior to the delivery of the child to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars and forfeitures as other fines and forfeitures are recoverable.

SEE 1. C. FOR ANY & ALL CITY PRINTERS AND STATIONERS

3rd child. A. 10073

Females.

March 12th 1889.

March 12th 1889.

19 James Allen.

Annie Ayres

Annie Smith

Palamire

Freda Meyer

Exhibit

Palmer

Martha R. Casper

213 E. Main St.

Going Home

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address. . .

Remarks,

Sixth ($6^{\frac{\pi}{2}}$) A. 10.04

Female

White

March 12th 1889

316 N. Fulton Ave.

Roberta R. Fiske

Stewart,

Baltimore, Md.

Chas. F. Fiske

Merchant

Boston Mass,

Ernest H. King, M.D.

414 N. Greene St.

register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician, the mother, immediately thereafter, it shall become the duty of the mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st child~~ **A 11378**

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March the 13 1889
4. Place of Birth, (Street and Number) Ramsay st 1502
5. Full Name of Mother, Jennie E ~~Bush~~ Kelley
6. Mother's Maiden Name, Jessie E Bush
7. Mother's Birthplace, Baltimore County and
8. Full Name of Father, Joseph E Kelley
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Fredrick County and

Name of Medical Attendant, or other person who makes this Return. Joseph E Kelley

Address, # 712 S. Shickler St. Baltimore and

Remarks, Infant and child well

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

One A/1576

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13 1894

4. Place of Birth, (Street and Number)

716 Monument Court

5. Full Name of Mother,

Mary Jane Calhoun

6. Mother's Maiden Name,

Mary Jane Calhoun

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Samuel Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Kent Co

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Taylor

Address,

507 Madison St

Remarks,

Balt

[illegible][illegible]

Third Any

Male

White

March 13th 1889

324 Union Ave.

Sidonia (1888)

Ford

Civil

George H. Rose

The Machinist

Marland

O. S. Williams

1244 Carroll St.

Woodburn

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 10508

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Caucasian

3. Date of Birth,

March 13/80

4. Place of Birth, (Street and Number)

72 Bruce St

5. Full Name of Mother,

Maria Mitchell

6. Mother's Maiden Name,

Maria Mitchell

7. Mother's Birthplace,

Va

8. Full Name of Father,

John Mitchell

9. Father's Occupation,

Lab.

10. Father's Birthplace,

Va

Name of Medical Attendant, or other person who makes this Return.

Jane McClelland

Address,

Remarks,

and shall set forth the date, conferred its sex, color, and occupation as its post-
and schedule shall be delivered, duly signed by the practitioner in the form of a
third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, for the purpose of being
attendance upon the mother, immediately after birth, it shall become the duty of the person or persons of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* *A 10529*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *March 13, 1889*

4. Place of Birth, (Street and Number) *252 1/2 Alice Anna St.*

5. Full Name of Mother, *Annie Heerman*

6. Mother's Maiden Name, *Annie C. Spink*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Henry Heerman*

9. Father's Occupation, *Palmer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mary C. Swaine*

Address, *212 S. 1st St.*

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a complete record of the same, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death, and shall sign the same, and shall cause the same to be signed by the practitioner of medicine or midwife, or other person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered in a civil action, and the same shall be paid to the City of Baltimore for each offence.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

Male

white.

March, 13th, 1889.

Number) 220 Shimmers Allen

Sarah Grenbrik

Isidore Herman

Russia

Milken Grenbuck

Picture frames makes

Russia

Rebeccaushman

No. 1038, E. Lombard street, Balto. Ind

Healthy Child

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

105 11

Female

while

May 18

Gilling Lc. 136

Lizzie Prayth

Lizzie Walker

Battaglia

John E. Overly

Labore

S. attine

Three points

Remarks,

[illegible]

register of such birth, and shall enter the name on a blank schedule, to be signed by the mother, or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month of the child's life, until the child is one year of age, and shall also enter the name of the medical attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child.* *A. 125 12*

1. Sex, (State whether male or female) *Boy*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *13th of March 1889.*
4. Place of Birth, (Street and Number) *213 North Chapel Street*
5. Full Name of Mother, *Mary Albert.*
6. Mother's Maiden Name, *Mary Gloss.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Alphonse Gloss.*
9. Father's Occupation, *Hoster.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Crescentia Kunkel*
- Address, *213 North Chapel St. per Justina Kunkel*
- Remarks, *Healthy.*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any child or children are born, shall be bound to register of such birth, and shall enter the same on a blank certificate hereafter to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the period of such birth, and shall set forth as far as the same can be ascertained the full name of each child, the date during which the birth occurred, the name and occupation of its parents, the date and place of birth, and the day of each and every month to the completion of the first year of the life of each child, and shall be delivered to the Commissioner of Health, on or before the third day of each and every month to the completion of the first year of the life of each child, and shall occur without the attendance of a physician or practitioner of medicine, in case the birth of any child occurs upon the mother, immediately thereafter it shall become the duty of the father or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period of time herein prescribed, and shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 10573

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14th 1889

4. Place of Birth, (Street and Number) 1005- B. Hill St.

5. Full Name of Mother. *P. rose Hudson*

6. Mother's Maiden Name, *re. wife. First last*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, John H. Wilson

9. *Father's Occupation.* *Dr. Paul Wright*

10. *Father's Birthplace.* *Lebanon Green, Hartford, Conn.*

Name of Medical Attendant, or other person who makes this Return *Laura Hunter*

Address, 23 W. Parmenter St.

Remarks,

[illegible][illegible]

A. 103.141

Male

March. 14th 1889.

Caroline St 313 South

Elizabeth Lawrence

Hauke

Shrewsbury Pennsylvania

Adm. Secy

Mathem. ...
Hans ...

Norway Sweden
 11 11

Mr. H. Knutson

1829 E. Hall St.

CO. 304 LAB. & CO. 2-TV FRUITERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14 - 89

4. Place of Birth, (Street and Number)..... 224 Harrison St.....

5. Full Name of Mother, Leah Davis

6. Mother's Maiden Name, Leah Friedman

7. Mother's Birthplace, Poland

E. Full Name of Father, Morris Davis

9. Father's Occupation, Sailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this return, *Daniel V. Moore, M.D.*

Address, 1200 N. Edmund

Remarks, _____

[illegible]

Over

SECTION 7.—And be it further enacted and ordained that every person who shall be born in Baltimore under whose charge apprenticeship a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter its name on a blank schedule to be furnished by him or her at the time of such birth, and shall file the same in his or her office, and shall retain the same during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the names of the physician or midwife shall be delivered, duly signed by the practitioner of health, and the names of the witnesses, and the cause of death, in case the birth of any child shall occur without the attendance of a physician or practitioner of health, in case the birth of any child shall occur upon the matter immediately thereafter it shall become the duty of the person or persons of such nature to report to birth to the Comptroller of Health, and he or she shall comply with the provisions of this section, shall be subjected to the fine of ten dollars (such offence, to be recovered as other fines and forfeitures are recoverable,

Name: Georal Marion Lyons

- Male
White
March 11th 1889
816 W. St.
May Lyons
Harrison
Graham, D. M.
E. Lyons
Graham
Graham, D. M.

Thaddeus George Holt

914 N Charles L. J. H. R. O. B.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

[illegible]

A. 10217

1. Sex, (state whether male or female) *Female*

3. Date of Birth, March 14th 1888

Full Name of Mother *Anna Schum*

0. Mother's Maiden Name, _____
- Mother's Birthplace, Germany

8. Full Name of Father, *Joseph D. Smith*

(10). *Father's Birthplace,* *Germany*

Name of Medical Attendant, or other person who makes this return. *Edmund Hornung*

Remarks _____

Registrar of such births, and every child born in the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born previously, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife attending the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 10575

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), colored

3. Date of Birth, March the 14 1894

4. Place of Birth (Street and Number), Baltimore 334 State St

5. Full Name of Mother, Sarah Lambert

6. Mother's Maiden Name, St Mary County

7. Mother's Birthplace, Unknown

8. Full Name of Father, Water

9. Father's Occupation, Frederick City

10. Father's Birthplace, Mrs. A. Jones

Name of Medical Attendant, or other person who makes this Return, Address, No 101 East Mulbury St

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d, &c.) ~~Female~~ first 1884
Female

March 14th 1889

Apr 1834. Green Str

Lester Garrison

Madden

Battin

Joseph Galarnison

Stackegee

Britanni

Louisa Schulte

Ap^o 528 N Washington Str

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

A. 11529

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 14th*

4. Place of Birth, (Street and Number) *1421 Lexington*

5. Full Name of Mother, *Margaret Price*

6. Mother's Maiden Name, *Mansfield*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Clay & Price*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Va*

Name of Medical Attendant, or other Person who makes this Return

Amman & Hill M.D.

Address,

1401 W. Fayette

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, shall report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the week, and which shall be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name of the mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or the mother, or the father, or the mother and father, or any other person, to file the said schedule, and any such person or persons who shall, before the expiration of the period above required, and subject to the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10522
The 1st Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 14 of March 1884

4. Place of Birth, (Street and Number)

No 4083 1/2 St. Park road

5. Full Name of Mother,

Mary Donnelly

6. Mother's Maiden Name,

Mary Green

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William James Donnelly

9. Father's Occupation,

Horse-shoer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs C. H. Jones

Address,

No 1059 Hartford Ave

Remarks,

Bal Md

1884

Baltimore under a hose charge or under a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, duly signed by the practitioner in the form of a certificate between the first and second lines of the schedule, and shall be filed in the office of the Commissioner of Health. No birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

A 10523

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14. 89

4. Place of Birth, (Street and Number)

2002 Gough St.

5. Full Name of Mother,

Mrs. Emma Jane Cook Clark

6. Mother's Maiden Name,

Miss Emma Jane Cook

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Charles Benjamin Clark.

9. Father's Occupation,

Ship-joiner

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

G. G. Runk Jr. D.

Address,

2002 G. Balt. St.

Remarks,

Normal delivery

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10520

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15 day of March 1884
4. Place of Birth, (Street and Number) 1014 Eataw St
5. Full Name of Mother, Manna Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Essex County Virginia
8. Full Name of Father, William Smith
9. Father's Occupation, Stephane
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return

Address, York St. Sarah E. H. makes this out 12

Remarks, *Y. A. 11*[illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall deliver the same to the office of the Commissioner of Health, in person, immediately after the birth, or should no other person be in attendance upon the mother, immediately after the birth, and shall report the same to the office of the Commissioner of Health, in the manner and within the period and under the conditions herein prescribed. In case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

A. 10526

- #### NAME: J. B. DILLARY A DB CITY: FORTUNA AND STATION: 10

Register of such Births and Deaths shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by him or her, and be attested by the Registrar of Vital Statistics, and the full name of each child, if any shall have been conferred, its sex, color, the full name of the mother, the place of birth, and the date of birth, and the date of the third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, shall be and be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

A. 10527

1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *March 15th 1889*
 4. Place of Birth, (Street and Number) *307 N. Calvert*
 5. Full Name of Mother, *R. Kennedy*
 6. Mother's Maiden Name, *R. Cashman*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Marion Kennedy*
 9. Father's Occupation,
 10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this Return, *Dr. B. Reynolds Ryd.*
- Address, *711 N. Calvert St.*
- Remarks,

register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each, and the day of its death, if it shall have died, and the name of the physician or practitioner of midwifery, or should no other person be called in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person failing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* A 10525
1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race)
3. Date of Birth, *March 15th 1889*
4. Place of Birth, (Street and Number) *57 Walcut Ave*
5. Full Name of Mother, *Mary Eveline Beck*
6. Mother's Maiden Name, *Reiser*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *John Henry Beck*
9. Father's Occupation, *Shipping Clerk, Wholesale Drug House*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, (or other person who makes this Return.) *Scott Greenwood M.D.*
- Address, *711 2nd Street E*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11529

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 15th 1889

4. Place of Birth, (Street and Number) 308 North Street St

5. Full Name of Mother Minnie Cornwall

6. Mother's Maiden Name Dowler

7. Mother's Birthplace Balt.

8. Full Name of Father Oliver Cornwall

9. Father's Occupation Draughtsman

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. John Webb

Address 701 Hamilton Ave

Remarks Primature - Fifth month utero gestation

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 10537

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 15th 1889

4. Place of Birth, (Street and Number)

No 1723 South Charles St.

5. Full Name of Mother,

Maggie Re. Vink's

6. Mother's Maiden Name,

Maggie Re. Isaacs

7. Mother's Birthplace,

Ellicott's city md

8. Full Name of Father,

Walter H. Vink's

9. Father's Occupation,

Fireman on B. & O. R.R.

10. Father's Birthplace,

Baltimore city md

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hinton

Address,

No 17 West Barney Street

Remarks,

Baltimore, under whose State of Maryland, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the race or color, the sex, the place of birth, the name of the mother, and the name of the father. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or father of such child shall be held responsible for the same, and shall be liable to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her name during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have a surname, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter it shall become the duty of the keepers of the institution to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each delinquency, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

A 10251

- Name of Medical Attendant, or other person who makes this Return. Mrs. Scarborough.
Address, 15 E. Montgomery St.
Remarks,

[illegible]

10032

1033
Lana

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15/89
4. Place of Birth, (Street and Number) No 216 E. Lexington St
5. Full Name of Mother, Bridget Powers
6. Mother's Maiden Name, Bridget Burke
7. Mother's Birthplace, County Galway Ireland
8. Full Name of Father, Joseph Powers
9. Father's Occupation, Solomon keeper
10. Father's Birthplace, County Wexford Ireland
Name of Medical Attendant, or other person who makes this Return. Miss Yarden
Address, _____
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c) *Second* **A. 10033**

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race)

3. Date of Birth, *March 15th 1889.*

4. Place of Birth, (Street and Number) *#217 W. Lombard*

5. Full Name of Mother, *Mrs. Robert Edward Stone*

6. Mother's Maiden Name, *Anna Copland*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert Edward Stone*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person, who makes this Return. *C. V. Hendee M.D.*

Address, *15 W. Lombard St.*

Remarks, *Normal*

Register of each birth and shall enter the name on a blank schedule, to be furnished by the Commissioner of the Board of Health, and shall set forth as far as the name can be ascertained, the name of the mother, the name of the child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth, the place of birth, the name of the medical attendant, and the name of the person who makes this return. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second month of the year, to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the year, without the attendance upon the mother, immediately thereafter it shall be the duty of the practitioner or person who makes this return to report its birth to the Commissioner of Health, in the manner and within the period and for the purpose provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REGISTRY OF BIRTHS, DEATHS AND MARRIAGES
This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death, if it shall have died, and the date of its burial, if it shall have been buried. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and in case the child shall have died, it shall be the duty of the person or persons of such child to report its death to the Commissioner of Health, and in case the child shall have been buried, it shall be the duty of the person or persons of such child to report its burial to the Commissioner of Health. The provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 5-26-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Ellen Brooks
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8* **A.** *125341*

1. Sex, (State whether ~~not~~ male or female)
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *March 15 1889*
 4. Place of Birth, (Street and Number) — *Elm Ave.*
 5. Full Name of Mother, *Margarette Brooks*
 6. Mother's Maiden Name, *Loarr*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Darius L. Brooks*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return. *D. S. Williams M.D.*

Address,

Remarks, *did not attend case, but was asked by D.L. Brooks to visit, & examine, and make returns to the Dept.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 8 Eight A. 1535
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... March 15 1889
4. Place of Birth, (Street and Number)..... 11 239 Salem Street, Baltimore, Bal. City
5. Full Name of Mother,..... Sarah A. Smith
6. Mother's Maiden Name,..... Sarah A. Wheeler
7. Mother's Birthplace,..... Fredericksburg, Virginia
8. Full Name of Father,..... Christian Mc Smith
9. Father's Occupation,..... Driver
10. Father's Birthplace,..... Baltimore City
Name of Medical Attendant, or other Person who make this Return,..... Virginia Wheeler Per. N. H. Smith
Address,..... 239 Salem Street
Remarks,..... Her temporary address with her children.

Under a severe charge or suspension, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the records permit, the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if any. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Commissioner of Health. In case the birth of any child shall occur on the day of the death of the mother, the practitioner or midwife, or should no other person be in attendance upon the mother, immediately the registrar is shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Just A. 100th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 15/89*
4. Place of Birth, (Street and Number) *# 943 Eager St*
5. Full Name of Mother, *Clara Siehl*
6. Mother's Maiden Name, *Puhlmann*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Geo H. Siehl*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other Person who makes this Return, *Ind. Pickel M.D.*
- Address, *1312 Chew Street.*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd A. 11037

- Female
white
March 15th
320 Pearl St.
Maggie Mertens
" Jacoback
Calif.
Charles Mertens
Porter
Charles Town

L. L. Broadbent

415 L. Parker

Remarks, _____

WAS J. E. CRILLY & CO., CITY PRINTERS AND STATIONERS

[illegible]

The Baltimore Publishing Co., City Printers and Stationers.

102 A. 1022

- Male
White
March 15th 1869
1031, W. Barr, esq
Mary E Tracy
" " Doyle
Cyril
as E. Tracy
Painter
Leity

or other person who makes this Return, *Geo A Blackman*

Address, _____
Remarks, This was a premature birth at
about 7 mos

Remarks,

| | |
|----------|---|
| Address, | |
| Remarks, | This was a premature birth abt
about 7 mos |

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *at*

A. 10039

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th 1887
4. Place of Birth, (Street and Number) #1105 E. Pratt St
5. Full Name of Mother, Mrs. Hoker
6. Mother's Maiden Name, Deacon
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Wm. H. Hoker
9. Father's Occupation, Carpenter
10. Father's Birthplace, York Pa.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Name of Medical Attendant, or other person who makes this Return, *See Henry H. Bond*
Address, *#1038 E. Monument St.*
Remarks, *Child lived only a few minutes.*

Birth under such charge or supervision, and shall enter the name of the child on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month in which the child is born, and shall be filled out for each birth occurring during the month. The name of the child shall be entered on the schedule, and the date and place of birth, and the name of the person or persons to whom the child was delivered, shall be entered on the schedule. The schedule shall be delivered, signed by the practitioner in charge of the birth, to the Commissioner of Health, on the third day of each and every month. The attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the attendance of a nurse, shall become the duty of the person or persons to whom the child was delivered, to report its birth to the Commissioner of Health, in the manner and form provided by the Commissioner of Health. Any such person or persons who shall hereafter fail to comply with the provisions of this statute required and enacted to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 1. — Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be provided by the Commissioner of Health, and his schedule shall contain a list of the births which have occurred under his charge, and shall be in the same form as the same can be ascertained the full name of each child, if during the said schedule shall be delivered, duly signed by the Commissioner of Health, and the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of any other person, he shall immediately thereafter, in the manner and within the period above required, present the said child to the Commissioner of Health, and if he fails to do so, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male 7th A-10540
 White
 Nov 15 82
 315 N Eden St
 Lina Stramp
 Frank
 Baltimore
 Isaac Stramp
 Clerk
 New
 Orkney

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 103.44

1. Sex, (State whether male or female) *Female* Male
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 15*
4. Place of Birth, (Street and Number) *Williamson No 20*
5. Full Name of Mother, *Laura V Taylor*
6. Mother's Maiden Name, *Laura Dougherty*
7. Mother's Birthplace, *Somerset*
8. Full Name of Father, *Emor C Taylor*
9. Father's Occupation, *Moulder*
10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs Conway :

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, the day of its delivery, signed by the practitioner in the form of a certificate, and the day of each and every month following the birth of any child shall occur without the attendance of a Physician or Practitioner of Midwifery, or should be delivered, or be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (\$5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-3-56 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lilly Marie Kunkley
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A* *11542*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 16 - 89*

4. Place of Birth, (Street and Number) *302 S Ann*

5. Full Name of Mother, *Larry Kunkley*

6. Mother's Maiden Name, *Kunkley*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Charles Kunkley*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return. *Frank O. Bracken*

Address, *713 Beall St*

Remarks,

Baltimore under a license from the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the name of the physician or practitioner of health, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should be attended by such person, the attendance shall be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 10543

1. Sex, (State whether male or female)

female
white

2. Race or color, (if not of the white race)

3. Date of Birth,

Mar 16 - 1887

4. Place of Birth, (Street and Number)

930 Shank St

5. Full Name of Mother,

Emma Davis

6. Mother's Maiden Name,

Emma Snyder

7. Mother's Birthplace,

Leicester Co Md

8. Full Name of Father,

Harry Davis

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Wm L A Lewis

Address,

603 Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, and of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

A 102 411

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

✓

3. Date of Birth,

March 16, 1889.

4. Place of Birth, (Street and Number)

929 Dund Hill Ave.

5. Full Name of Mother,

Bertie Sheehan

6. Mother's Maiden Name,

Bertie Sheehan

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Jacob Wilson

9. Father's Occupation,

✓

10. Father's Birthplace,

✓

Name of Medical Attendant,

or other Person who makes this Return

Edward S. Conlynn M.D.

Address,

935 Madison Ave.

Remarks,

matrimony under a false name, and the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the sex, the place of birth, the name of the mother, and the name of the father, and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family to cause the birth of such child to be duly registered, and the schedule shall be duly signed by the father, or by any person or persons who shall be authorized by the father, and shall be delivered to the office of the Commissioner of Health. In case any person or persons who shall be so authorized shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, and such offence, to be covered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

A,
Hempale
White

Phila

March 16th 1889

133/ *Carroll*

Rosemand Tupper

R. H. Ketch

Agathis

John S. Sargent

Sashy - maker

Baltimore

Shadows of the Past

914 Charles J. A.C.

Remarks.

Baltimore under whose charge or supervision the child is born, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the Commissioner of Health, and the full name and occupation of its parents, the date and place of birth, and the sex, color, and whether the child is born alive or dead, and whether it is a first or subsequent birth, and whether it is a child of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and should no other person be present at the birth, the person attending the birth shall be held responsible for the same, and shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d A. 10046
- Sex, (State whether male or female) Female
- Race or color, (if not of the white race) Colored
- Date of Birth, March 16th 1887
- Place of Birth, (Street and Number) St Mary Co Md
- Full Name of Mother, Maggie Parker Jones
- Mother's Maiden Name, Maggie Parker
- Mother's Birthplace, Clarks Co Va
- Full Name of Father, Shadrach Jones
- Father's Occupation, Water
- Father's Birthplace, St Mary Co Md
- Name of Medical Attendant, or other person who makes this return, Mrs Jane D. Gaston
- Address, 10. Hamble St
- Remarks, # 313 Percuss Collig.

Section 7.—And be it further enacted, That every person who shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, the name of the mother, the name of the physician or midwife, the name of the practitioner in the form of a certificate between the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th* *A. 105-47*

1. Sex, (state whether male or female) *F.*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth *March 16-87-*

4. Place of Birth, (Street and Number) *18 S. Broadway -*

5. Full Name of Mother, *Emma Bates*

6. Mother's Maiden Name, *Ryster*

7. Mother's Birthplace, *B.C*

8. Full Name of Father, *Joshua Bates*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *B. C -*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Hill*

Address, *1207 E. Monument St*

Remarks, *GIVEN NAME ADDED 7-27-53.*

Emma Virginia Bates

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10548

- [illegible]

Baltimore under a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to sign the schedule, and shall be subject to the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

A 10549

- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race)
- Date of Birth, 16 March
- Place of Birth, (Street and Number) 126 Watson
- Full Name of Mother, Henrietta Burkbaum
- Mother's Maiden Name, Baum
- Mother's Birthplace, Europe
- Full Name of Father, Herman Burkbaum
- Father's Occupation, Salesman
- Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Sarah Casper
- Address, 1022 Granby Street
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A. 10550

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

March Th 16 1881

4. Place of Birth, (Street and Number)

No 214 Bradford alley

5. Full Name of Mother,

E. Helenora Addison

6. Mother's Maiden Name,

Helenora Pratt

7. Mother's Birthplace,

revelock, Somerset Co

8. Full Name of Father,

John Henry Addison

9. Father's Occupation,

gunster

10. Father's Birthplace,

Annerandel Co

Name of Medical Attendant, or other Person who makes this return.

Mary Dougherty

Address,

No. 2006 B. Chapman court

Remarks,

doctor

under whose charge or supervision the birth was made, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner is unable to deliver the said schedule, he shall report the same to the Commissioner of Health, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A* *10557*
1. Sex, (State whether male or female) *male*
2. Race or color, (if not of the white race) *white*
3. Date of Birth, *Locout Point Baltimore Mar. 15*
4. Place of Birth, (Street and Number) *No 1359 Towson. St. L. Point*
5. Full Name of Mother, *Margareth Hannah. Hudson*
6. Mother's Maiden Name, *Margeth Hannah. Philipps*
7. Mother's Birthplace, *England*
8. Full Name of Father, *William Hudson*
9. Father's Occupation, *Helper*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other person who makes this Return. *Mrs Ethel.*
- Address,
- Remarks,

Baltimore under whose charge or superintendence a birth shall be registered, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his order care during the month, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth; and the sex, race or color, of the child, and the name of the medical attendant, or other person who makes this return. This schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the attendance of a medical attendant upon the mother, immediately thereafter the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first* *A* *10552*

1. Sex, (State whether male or female) *male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Locoust Point Baltimore Mar 15*
 4. Place of Birth, (Street and Number) *40147 1/2 St L Point*
 5. Full Name of Mother, *Williaminnil Seipp*
 6. Mother's Maiden Name, *Williaminnil Waltheim*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Edward A Seipp*
 9. Father's Occupation, *Watchman*
 10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return. *Mrs Ethel*
- Address,
- Remarks,

Baltimore under whose charge or supervision the birth of such child has occurred, shall be furnished by the Commissioner of Health. This schedule shall contain the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. No person shall be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *A. 100 00*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2d March 16th 1859*

4. Place of Birth, (Street and Number) *No 1884. W. Pratt St*

5. Full Name of Mother, *Emelia Hamel*

6. Mother's Maiden Name, *Emelia Tjaden*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Herman Hamel*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Catherine Tell*

Address, *No 349 Benlate St*

Remarks, _____

Baltimore under a fine charge of superintendence a birth shall be returned take place, and keep a true and correct record of the same, and enter the same on the blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the mother, the name of the child, the date of birth, the sex, the race or color, the full name and occupation of its parents, the date and place of birth, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the month, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, he shall become the duty of the person or persons of each and every month to the Commissioner of Health, in the manner and to the effect hereinafter required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

A 100.54

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. *Date of Birth,*

16 of March.

4. *Place of Birth, (Street and Number)*

1039 Leonard st

5. *Full Name of Mother,*

Herter Chanley

6. *Mother's Maiden Name.*

Hexter, James

7. *Mother's Birthplace.*

Smithville

8. *Full Name of Father,*

Archy, James

9. *Father's Occupation,*

Labourg

10. *Father's Birthplace,*

Bent County, Maryland

Name of Medical Attendant, or other person who makes this Return.

carried to Wilson

Address,

Shrey at No 115

[illegible][illegible]

A 10525

female

Colored

16 of March

910 front alley
Holland

warey Holland

...safety dandy

Accomack County Virginia

Marees Holland

labours

Baltimore

Barth S. Wilson
Thurz at No 115

Thurs at No 115

SECTION 1. - And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore shall keep a true and correct record of each birth, and shall enter the same on a blank schedule, which shall be furnished to him by the Registrar of Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of Births, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 16" 1889

4. Place of Birth (Street and Number),

205 Cedar Ave.

5. Full Name of Mother,

Rebecca Carback

6. Mother's Maiden Name,

Alison

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

William H. Carback

9. Father's Occupation,

Carder

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

D. Williams, M.D.

Address,

244 Carroll St

Remarks,

Woodberry

Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the city of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th* *A. 11557*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *March 16th 1889.*
 4. Place of Birth (Street and Number) *Stockton St 714.*
 5. Full Name of Mother *Annie Scroggins*
 6. Mother's Maiden Name *Annie Thomas*
 7. Mother's Birthplace *Churchhill Eastern Shore Md*
 8. Full Name of Father *Levi Scroggins*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return. *Geo G Cole M.D*
 Address *711 N Carey St.*
 Remarks

[illegible]

Registerer under whose charge a certificate is to be issued and delivered, shall cause the said certificate to be furnished by the Commissioner of Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of birth, the date of birth, the sex, the color, the age of the mother, the name of the father, the name of the physician, and the date and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the office of the Commissioner of Health, and the practitioner or other person so required, shall report to the Commissioner of Health in the manner and within the period above required, and any such person or persons, who shall be so far to comply with the provisions of this section shall be entitled to the sum of ten dollars for each birth so reported, and in case of failure to report as herein required, shall be entitled to the sum of ten dollars for each birth so reported, to be recovered in other fines and forfeitures as are recoverable.

A 103.57

By.

White.

17th of March 1889.

1736 East Lombard Street

Mary Lizzie Beanner.

Mary Lizzie Trindle

Baltimore.

John Joseph Mick Friedle.

Police.

Baltimore

Crescentia Kunth

213 North Chapel St. per Justina Kunkel.

Healthy.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4th

A. 11560

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) C
 3. Date of Birth, March 17, '89
 4. Place of Birth, (Street and Number) 218 N. Gay St.
 5. Full Name of Mother, ^{Hopk}Mrs. Mary Washington Fairbank Dyott
 6. Mother's Maiden Name, ^{Wm}Miss Mary Washington Fairbank
 7. Mother's Birthplace, Talbot Co. Md.
 8. Full Name of Father, James Aaron Dyott
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Talbot Co. Md.
 Name of Medical Attendant, or other person who makes this Return, G. G. Luck, M.D.
 Address, 2000 E. Ball St.
 Remarks, Natural Delivery

The Commissioner under whose charge or superintendence a birth record is kept shall register each birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the names of the parents, the date and place of birth, and the sex of the child. The schedule shall be delivered daily to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and to cause the same to be entered on the schedule. Any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall receive from the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, and the date of its birth, the sex, race or color, the place of birth, the date of its birth, the date of its registration, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance on the mother, immediately afterward, he or she shall then become the subject of the provisions of this section, and shall be liable to the same. In the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 112 21

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17th 1889.

4. Place of Birth, (Street and Number) 807 Pennsylvania Ave.,

5. Full Name of Mother, Lizzie Fendall

6. Mother's Maiden Name, Lizzie Abdell

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, E. H. Fendall

9. Father's Occupation, Salesman

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return H. H. Priedler M.D.

Address, 119 W. Saratoga St.

City, City.

Remarks, _____

Baltimore, under whose charge and supervision the Registrar of Births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The Registrar shall also maintain a list of the births which have occurred under his or her care during the month, and shall set forth on each schedule the full name of each child, at any shall have been conferred, its sex, color, and occupation at its birth, and the date of its birth, and the date of its registration. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, the Registrar shall report its birth to the Commissioner of Health, in the manner and within the time and under the penalty or penalties of such sections of the Code of Public Health as shall be provided in this section. The Registrar shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

A 1067

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

col

3. Date of Birth,

17th March

4. Place of Birth, (Street and Number)

1114 Peach Alley

5. Full Name of Mother,

Mary Young

6. Mother's Maiden Name,

Mary Howell

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

C. E. Young

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Caroline Moore

Address,

No 58 West. West St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A-10503*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 17/97*
4. Place of Birth (Street and Number) *220 Bedford St.*
5. Full Name of Mother *Elizabeth Borden*
6. Mother's Maiden Name *Wheeler*
7. Mother's Birthplace *Boston, Mass.*
8. Full Name of Father *Sam. Borden*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Boston, Mass.*
Name of Medical Attendant, or other Person who makes this Return, *Wm. B. Rice*
Address *867 Madison Ave.*
Remarks

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

[illegible]

...and correct
...in the City of Baltimore.

[illegible]

RETURN OF A BIRD

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

SECTION 1. - Any person practicing midwifery in the city of Baltimore, under whose charges a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, not when the first and third day of the month of January, or when the person or persons of such child be in attendance upon the practitioner, immediately thereafter it shall be sent to the Commissioner of Health, in the manner and within the time provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in either fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Ernestine Pahr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 10556

1. Sex (~~state whether male or female~~),
2. Race or Color (~~if not of the white race~~),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

March 17/89.

1527 Jefferson St.

Ernestine W. Pahr,

Ernestine W. Pahr,

Baltimore City, Md.

Robert C. Pahr

Salesman,

Germany

John D. R. Wozel, M.D.

662 W. Lexington St.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

GIVEN NAME ADDED

2-5-54

L.M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child A. 1858

1. Sex, (State whether male or female)

Little Boy

2. Race or color, (if not of the white race)

White race

3. Date of Birth,

Born 17th March 1887

4. Place of Birth, (Street and Number)

No. 1926 Wilhelm st

5. Full Name of Mother,

Mrs. Lynder

6. Mother's Maiden Name,

Mrs. Lightenberg

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. Lynder

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Miller

Address,

2127 West Pratt st

Remarks,

Baltimore under whose charge or supervision a birth was registered, shall be furnished with a copy of this schedule, to be furnished to the Commissioner of Health. This schedule shall contain a list of the birth, the date, the sex, the color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second month of the birth of any child, to the office of the Commissioner of Health. In case of a child born at home, the birth of any child shall occur without the attendance of a medical attendant, the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st A. 10559

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

17 of March

4. Place of Birth, (Street and Number)

323 Chestnut street

5. Full Name of Mother,

Winnie Gibbs

6. Mother's Maiden Name,

Winnie Wheeler

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Winnie Gibbs

9. Father's Occupation,

Free Labor

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Darkay Tomlin

Address,

142 East street

Remarks,

Baltimore, under the seal of the Registrar of Births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name of the mother, the name of the child, the sex, the date of birth, the place of birth, the name of the medical attendant, and the name of the person who makes this return. The full name of the mother, the name of the child, the sex, the date of birth, the place of birth, the name of the medical attendant, and the name of the person who makes this return, shall be entered on the said schedule, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, it shall be the duty of the mother, or the person or persons who shall be present at such birth, to cause the birth to be recorded in the office of the Commissioner of Health, in the manner and within the time provided by law. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of five or ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 10376*

Female

White

March 17 1889

1818 Chew St

Nellie Florida Byrnes
Miller

Miller

Baltimore

Joseph Walter Byrnes
Esq.

Gieder

Baltimore

or other Person who
makes this Return.

1003 N. Broadway

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* A. 11371

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *March 18th 1889*

4. Place of Birth, (Street and Number) *No 115 Hasseltowne Court*

5. Full Name of Mother, *Margret Humab*

6. Mother's Maiden Name, *Margret Deckler*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Wolfe Humab*

9. Father's Occupation, *Sealored*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return *Catharine Hornung*

Address, *No 157 Bay View St*

Remarks,

Register of each birth shall be kept on a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the child, the mother, and the father, and shall be filled out by the Registrar of Births, and shall be filed in the office of the Registrar of Births, and shall be preserved for a period of ten years. The schedule shall be filled out by the Registrar of Births, and shall be filed in the office of the Registrar of Births, and shall be preserved for a period of ten years. The schedule shall be filled out by the Registrar of Births, and shall be filed in the office of the Registrar of Births, and shall be preserved for a period of ten years.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *A. 10372*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 18th*
4. Place of Birth, (Street and Number) *747 Columbia St*
5. Full Name of Mother, *Caroline Guntner*
6. Mother's Maiden Name, *Caroline Deekman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fredenick Guntner*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Helegonda Shifer*
- Address, *641 South Race St*
- Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank sheet, which shall be filed in the Office of the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and the name of the practitioner in the form of a certificate between the first and second schedule, and the date of the birth of any child, and the name of the physician or practitioner of midwifery, or other person, who shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on the schedule provided for that purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the place of residence of the mother, and shall be duly signed by the practitioner in the form of a certificate between the first and third day of each month, and returned to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

A. 10074

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 18, 89

4. Place of Birth, (Street and Number)

618 W. Biddle St.

5. Full Name of Mother,

Katherine Hommel

6. Mother's Maiden Name,

Margaret Heine

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Matthias Hommel

9. Father's Occupation,

Cover

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Caroline Miller

Address,

1605 Walker St. Baltimore

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

124

A 10575

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18/89
4. Place of Birth, (Street and Number) 712 Fort ave
5. Full Name of Mother, Sarah E. Knight
6. Mother's Maiden Name, Sarah E. Hayes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Henry Knight
9. Father's Occupation, Iron Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

W. S. Smith M.D.

Address, 530 Hanover St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first child* 12577

1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *it was born on the 18th of the March 1888*
4. Place of Birth (Street and Number), *in Register St. 415 Between Orleans & Jefferson*
5. Full Name of Mother, *Mary Jane Nelson*
6. Mother's Maiden Name, *Mary Jane Ashton*
7. Mother's Birthplace, *West Maryland St Virginia*
8. Full Name of Father, *Daniel Nelson*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Elizbeth Middleton*
or other person who makes this Return.

Address, *No 424 North Register Between Orleans and Jefferson*

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. The said schedule shall be filled out by the person or persons who shall be present at the birth, and shall be returned to the Commissioner of Health, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons who shall be present at the birth, and who shall hereafter fall to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, at the time which shall be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the child, and the date and place of birth of the mother, and shall deliver the same to the Commissioner of Health, on the third day of each and every month, and shall retain a copy of the same for the purpose of being compared with the said schedule shall be delivered, daily, to the office of the Commissioner of Health. In case the birth of any child shall occur on the third day of any month, the practitioner or physician or person or persons attending the birth shall report its birth to the Commissioner of Health, in the manner and within the time provided for in the regulations of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 4-8-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Catherine Reuschling*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth & 10578*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 18th 1889*
4. Place of Birth, (Street and Number) *611 Townsend Street*
5. Full Name of Mother, *Mary (Reuschling) Reuschling*
6. Mother's Maiden Name, *Mary (Hammond) Hammond*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Philip (Reuschling) Reuschling*
9. Father's Occupation, *Upholsterer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Reuschling*
- Address, *1508 Pennsylvania Ave*
- Remarks,

Ballroom and other places where the same are held, the superintendent a birth shall hereafter take place, shall keep a true and correct record of all births occurring within the city, and shall cause the same to be entered in the birth register of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the preceding month, and shall set forth as far as the same can be ascertained, the full name of each child, if any child have been born, and the names and occupation of the parents, the date and place of birth; and the date and place of death, if the child die between the first and third day of each and every month. In case the Commissioner of Health, or any physician or practitioner of midwifery, or should no other person be in attendance upon the birth, he or she, immediately thereafter, it shall become the duty of the person or persons of such class, to appear before the Commissioner of Health, and deliver to him or her the birth record lawfully required, and to pay to him or her the fee of ten dollars, which person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars each offense, to be recovered as other fines and forfeitures are recoverable.

Ballroom and other places where the same are held, the superintendent a birth shall hereafter take place, shall keep a true and correct record of all births occurring within the city, and shall cause the same to be entered in the birth register of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the preceding month, and shall set forth as far as the same can be ascertained, the full name of each child, if any child have been born, and the names and occupation of the parents, the date and place of birth; and the date and place of death, if the child die between the first and third day of each and every month. In case the Commissioner of Health, or any physician or practitioner of midwifery, or should no other person be in attendance upon the birth, shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons of such attendance, prior to the immediately thereafter, to cause the same to be entered in the birth register, and to cause the same to be delivered to the Commissioner of Health, or to any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars, such offense, to be recovered as other fines and forfeitures are recoverable.

4 the

A. 10579

male

white race

March the 18th

Baltimore post 25 100 11

Lorisa

Hooper

Schneider

Baltimore

Thomas Hooper

laborer

Baltimore

Elizabeth Hathorn

light st No 1514

Remarks,

RETURN OF A ~~BIRTH~~ ^{GIVEN NAME ADDED 10-17-51}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida R. Waters

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

24 lbs

A. 10.5-80

1. Sex, (state whether male or female). female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, March the 18th, 1889
4. Place of Birth, (Street and Number) Baltimore Charles St 1412
5. Full Name of Mother, Christina Waters
6. Mother's Maiden Name, Beitzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J. Waters
9. Father's Occupation, shoe maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Latham
- Address, light st etc 1314
- Remarks,

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11581
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb 14 - 1889
4. Place of Birth, (Street and Number) 205 St. Arlington Ave
5. Full Name of Mother Mary Guerth
6. Mother's Maiden Name Shuletzin
7. Mother's Birthplace Balto.
8. Full Name of Father William Guerth
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Keft
- Address 701 A Leansworth Ave
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 100 52

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female)

Final

2. Race or Color (if not of the white race)

Früh.

3. *Date of Birth*

Dec. 19th 1889.

4. *Place of Birth (Street and Number)*

2324 Cambridge St.

5. Full Name of Mother

Mary Elizabeth Hubbard.

6. Mother's Maiden Name

Really.

7. Mother's Birthplace

City-

8. *Full Name of Father*

Andrew Hubbard.

9 Father's Occupation

Sea Captain.

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Terquiza

Shelby, Tenn, Md

Address _____

402 Duck Ave.

Remarks

Remarks Labor Natural. Lactating about 6 hours—
L.O.A. Presentation.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 12534
1. Sex (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 19-1889
4. Place of Birth, (Street and Number) 21 N. Bond St
Baltimore University Dispensary Hospital
5. Full Name of Mother
6. Mother's Maiden Name Ellen Lippy
7. Mother's Birthplace Penna
8. Full Name of Father Sam Perkins
9. Father's Occupation Bruggist
10. Father's Birthplace unknown
Name of Medical Attendant, or other Person who makes this Return. L. K. Hiley M.D.
Address 724 N. Bond St
Remarks Woman is unmarried. Child
illegitimate.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the child, and the date and place of birth of the mother, and shall deliver the said schedule when the child is delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child shall be liable to a fine of ten dollars for each and every child so born, and the parent or parents of such child to report its birth to the Commissioner of Health, and the parent or parents of such child who shall fail to report its birth to the Commissioner of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 A. 10586

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, March 19

1884

4. Place of Birth, (Street and Number)

Carroll St 109 Balt City

5. Full Name of Mother, Mary J. Lockner

6. Mother's Maiden Name,

Malwood

7. Mother's Birthplace,

Balt County Md

8. Full Name of Father,

Jacob D Lockner

9. Father's Occupation,

laborer

10. Father's Birthplace,

Carroll County Md

Name of Medical Attendant, or other person who makes this Return,

Marg A Martin

Address, Mount Vernon Brick Hill 57 Balt City

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its mother, the date of its birth, the date of its registration, and the date of its removal to the hospital. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should so other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 A. 103-51

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 19. 1889

4. Place of Birth, (Street and Number) 20 E. Lexington St

5. Full Name of Mother, Caroline Mursey

6. Mother's Maiden Name, " Scott

7. Mother's Birthplace, Hampton Va

8. Full Name of Father, James W. Mursey

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, B. H. Hermany M.D.

Address, 214 St Paul St

Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule in be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, his sex, color, the full name and occupation of his parents, the place and date of birth, the name and occupation of the physician or midwife, and the name and occupation of the person who shall receive the child, and the name and occupation of the person who shall attend the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child A 10057

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 19th

4. Place of Birth, (Street and Number)

505 1/2 Alley

5. Full Name of Mother,

Mary Bynall

6. Mother's Maiden Name,

Mary Bynall

7. Mother's Birthplace,

Talbot Co. Md.

8. Full Name of Father,

Robert Scott

9. Father's Occupation,

Leather

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Margaret Gray

Address,

116 York St.

Remarks,

SECTION 7.—And be it further enacted, that a birth shall heretofore take place, and be registered, in Baltimore and the County of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of whom the child is born to report its birth to the Commissioner of Health, and to file the same in the office of the Commissioner of Health, and to pay the fee of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

A 11330

1st
White
March 19 1884
1118 N. Charles St.
Sophia N. Withington
" " " Roland
Callington
Theodore Withington
Vincent J. Withington
Dentist
Theodore Withington M.D.
914 N. Charles St. of B.O.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child 3 day*

1. Sex, (state whether male or female) *Boy*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *19th March.*

4. Place of Birth, (Street and Number) *121 Harrison street*

5. Full Name of Mother, *Rosa Abarchar.*

6. Mother's Maiden Name, *Rosa. Fifel*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Solomon Abarchar*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *Becky. Gustman.*

Address, *No 1038 E. Lombard street*

Remarks, *fine healthy child*

INSTRUCTIONS.—And so, in the case of a birth, the person who takes place shall keep a true and correct return of the birth, and shall send it to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the instructions. The return shall be made in duplicate, and the original shall be retained by the Registrar of Vital Statistics, Board of Health, Baltimore City, and the duplicate shall be sent to the Registrar of Vital Statistics, Board of Health, Baltimore City, and the duplicate shall be retained by the Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision any child is born, shall be bound to file with the Commissioner of Health, within twenty days after the birth of the child, a statement of the facts of the birth, which shall be in the form and to the effect following: This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of residence of the mother at the time of the birth of the child, and the day of each and every month during which the child was born, and the day of the birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second A. 10591

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

March 20th 1889.

4. Place of Birth, (Street and Number)

817 Howard St, Balto. Md.

5. Full Name of Mother,

Anna C. Payne.

6. Mother's Maiden Name,

Shues.

7. Mother's Birthplace,

Habor, Iowa.

8. Full Name of Father,

Wm. B. Payne

9. Father's Occupation,

Prof of Science, Student John H. H.

10. Father's Birthplace,

8 Pine Grove, Ohio.

Name of Medical Attendant,

or other Person who makes this Return.

Alvin S. Parkhurst M.D.

Address,

1410 Park Avenue.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.* *A. 10091*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *March 20th 1889*

4. Place of Birth (Street and Number), *1907 Hanover St.*

5. Full Name of Mother, *Margaret M. Swann*

6. Mother's Maiden Name, *Margaret M. O'Toole*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *William F. Swann*

9. Father's Occupation, *Brakeman B. & O. R.R.*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *M. LaFayette Cooper M.D.*

Address, *1327 Hanover St.*

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall be filled out by the physician, midwife, or other person who attends the birth, and shall set forth, as far as the same can be ascertained, the full name of each child, her care during the month, the date of birth, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person or persons who shall have been present at the birth, or the person or persons who shall have been present at the birth, shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible]

3.

A. 10572

Mall

White

March 20th, 1889

1535 Kenned. Soc.

Catherine LaKel

Katherine Wiseman

Baltimore Md

Charles L Yackel

Match-maker

Prussia,

Mrs Hunt

23 W Pannetton 50

SECTION 7.—And he or further enacted and enlarged, that every person who registers a birth under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be returned to the Commissioner of Health at the expiration of the month. The name of the person who shall be ascertained the full name of each child, if any shall have been conferred, the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, and the father's birthplace, shall be entered on the said schedule, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such age and legal capacity as may be present at the birth, to enter the foregoing particulars on the said schedule, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*

A. 10573

1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 20 - 89*
4. Place of Birth, (Street and Number) *Towson St. 1214*
5. Full Name of Mother, *Marie Helmer*
6. Mother's Maiden Name, *Bröhl*
7. Mother's Birthplace, *Waldenburg - Sachsen*
8. Full Name of Father, *Bernhard Helmer*
9. Father's Occupation, *Schuhmacher*
10. Father's Birthplace, *Lunxhausen - Sachsen*

Name of Medical Attendant, or other person who makes this Return.

Johanna Yenske

Address,

Garrett St. 1363

Remarks,

Locust Point

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Opie James No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second* *Brookes* *A. 1889*

1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth *20th, March 1889*
 4. Place of Birth, (Street and Number) *209 Wayne St*
 5. Full Name of Mother, *Mary Brocks*
 6. Mother's Maiden Name, *Mary Brocks*
 7. Mother's Birthplace, *Calvert Co Md*
 8. Full Name of Father, *Basil Brooks*
 9. Father's Occupation, *Driver*
 10. Father's Birthplace, *Calvert Co, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Hugh*
- Address, *30 Hughes Street* **GIVEN NAME ADDED** *3-4-54*
- Remarks, *No Remarks* *L.M.*

Secured for the purpose of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Clerk of the Board of Health, or should in other persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.4 A 1.572

- [illegible]

[illegible]

24. J. C. BRADLEY & CO. • TY PRINTING AND STATIONERY

6th Oct, 1907

1. Sex, (State whether male or female) *White Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 20th 1887*
4. Place of Birth, (Street and Number) *Balto 19241 S. Calhoun St*
5. Full Name of Mother, *Mrs. Hattie Smith*
6. Mother's Maiden Name, *Miss Ida E. Gripe*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Mr. Robt. L. Smith*
9. Father's Occupation, *Ship Joiner*
10. Father's Birthplace, *Baltimore, Md*
- Name of Medical Attendant, *Mrs. Alice M. Knutson*
or other person who makes this return.
- Address, *1829 E Pratt St*
- Remarks,

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with a list of and in the form of each child, in or out of the womb, and shall so forth as far as the same may be required in the full schedule, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother, or the father, or the nearest neighbor, or any other person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st* *A. 16377*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *march 20th 1887*

4. Place of Birth, (Street and Number) *1012 N. Mount.*

5. Full Name of Mother, *Mary Cecelia Black*

6. Mother's Maiden Name, *Lucy*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *George S. Black*

9. Father's Occupation, *telegraph operator*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. Stanley Hill M.D.*

Address, *207 Lexington Ave.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child* *A. 10578*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Thursday March 21st 1858*
4. Place of Birth (Street and Number) *529 Hoffman Street*
5. Full Name of Mother *Sarah Jennings*
6. Mother's Maiden Name *Sarah Johnson*
7. Mother's Birthplace *Montgomery County Md.*
8. Full Name of Father *William George Jennings*
9. Father's Occupation *asst. Compounder.*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return.
Address *Mrs Sophie Johnson 434 St Mary St. Baltimore*
Remarks

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore shall keep a true and correct record of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, at the residence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

A. 1000

1
Male

Colored

March 21 - 1889

623 Jasper St

Gracie Aquilla

Upright

Essex County Va

Robert Aquilla

Waiter

Breick Co Md

Maryann Hudson

537 Walnut Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child* *A. 10. 11*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Nov 21

4. Place of Birth, (Street and Number)

mulberry street 910

5. Full Name of Mother,

hannan Reed

6. Mother's Maiden Name,

hannan Reed

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

Andrew J. Reed

9. Father's Occupation,

Barber

10. Father's Birthplace,

Duffer County Va

Name of Medical Attendant, or other Person who makes this Return.

Catharine Riley

Address,

11 26 Eust St

Remarks,

Section 7.—And be it further enacted and ordained that every person (including every person) who is the father or mother of a child born in Baltimore City, and who is not a resident of Baltimore City, shall keep a true and correct register of each birth under whose charge or superintendence a birth shall hereafter take place, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the practitioner shall deliver the said certificate on the day of the birth, and the said certificate shall be filed in the Office of the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who fails to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and each list shall be signed by the practitioner, and the full name and occupation of its parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of said child, or any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d A. 10002

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 21. 1889.

4. Place of Birth, (Street and Number) 236 Salem St.

5. Full Name of Mother, Delilah C. Haynes

6. Mother's Maiden Name, Shipley

7. Mother's Birthplace, Larkton, Md.

8. Full Name of Father, Marshall J. Haynes

9. Father's Occupation, Car Driver

10. Father's Birthplace, Conwell Co. Mo.

Name of Medical Attendant, or other person who makes this Return. Oborvistian M.D.

Address, 11821 Madison Ave.

Remarks, _____

SEC. 106. Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the mother, the name of the child, the month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its father, the date of its birth, and the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the father, mother, or other person, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

A. 10603

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *21 Day of March 1889*

4. Place of Birth, (Street and Number) *214 West York St*

5. Full Name of Mother, *Sarah Jane Johnson*

6. Mother's Maiden Name, *'*

7. Mother's Birthplace, *Wichita County Mo.*

8. Full Name of Father, *John Johnson*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Dallas County Mo.*

Name of Medical Attendant, or other person who makes this Return, *Dr. M. H. M. 129 York St.*

Address, *Sarah E. Johnson makes this out*

Remarks,

SECTION 7.—And he if further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall receive or be paid for attending a woman in child-bed, shall, before he or she registers of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the day and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and form provided by the provisions of this section, and if he or she fails to do so, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child* *Jan 15 1889*

1. Sex, (State whether male or female)

Boy.

2. Race or color, (if not of the white race)

White

3. Date of Birth,

21st of March 1889.

4. Place of Birth, (Street and Number)

225 North Burgstreet.

5. Full Name of Mother,

Maggie Eisenrode

6. Mother's Maiden Name,

Maggie Beamer.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Beamer

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Euseintia Kunkel.

Address,

213 North Chapel St. per Justina Kunkel

Remarks,

Healthy.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second A. 10525

- Moale

- White

- March 21st 1867

- 3/15 Sp. 1111 tract-

- Louis F. Stevens

- Sally F. Dinton

- Bathurst

- Samuel Lee Stevens

- Letter carrier

- Baltimore Md

or other Person who makes this Return *James H. Wilson*

1899 air-giant street

Remarks.

JOHN B. FLY 4 12 CITY PLASTER AND STATIONERY.

Birth record of such birth, and shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to which the child is born. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, the parent or person who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh* *10605*
1. Sex, (state whether male or female) *Female*
 2. Race or color, (if not of the white race) *Colored*
 3. Date of Birth, *March 22nd 1889*
 4. Place of Birth, (Street and Number) *No 1101 Park Ave*
 5. Full Name of Mother, *Amanda L. Pennington*
 6. Mother's Maiden Name, *" " Smith*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Perry E. Pennington*
 9. Father's Occupation, *Waiter*
 10. Father's Birthplace, *Tolbot Co Md*
- Name of Medical Attendant, or other person who makes this Return, *Amelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of the parous, the date and place of birth; and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without such and every individual practicing midwifery shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child A. 105.7*
1. Sex (state whether male or female), *Male.*
2. Race or Color (if not of the white race), *White.*
3. Date of Birth, *March 22nd 1889.*
4. Place of Birth (Street and Number), *9 South Edwst Baltimore.*
5. Full Name of Mother, *Hannorah Deal.*
6. Mother's Maiden Name, *" " Bucke*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *George W. Deal.*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Anna Korman*
- Address, *13 S. Eden st*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1005

2. Race or color, (if not of the white race) *White*

3. Date of Birth, 22 Nov. 1889

4. Place of Birth, (Street and Number), *Bend do 179*

5 Full Name of Mother. *Friedrich Krueger*

6. Mother's Maiden Name. Groeger

7. Mother's Birthplace. *Germany*

6. Full Name of Father *Friedrich Kuehn*

6. Father's Occupation *Hotel Clerk*

— *Enthalp. Bistulaceae* *Communiën*

Name of Medical Attendant, or other person who makes this return.

Address, Harolene Schweg Fort Street No 459

Remarks,

[illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, at the City Hall, Baltimore, at the expiration of each month, and shall retain a copy of the same for the purpose of being called for by the Registrar of Vital Statistics, Board of Health, at any time. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when the child was delivered, duly signed by the practitioner in the form of a certificate between the practitioner and the mother, and shall also contain a statement of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report in birth to the Commissioner of Health, in the manner and within the period above required, and if any person or persons who shall hereafter fail to comply with the provisions of this section, the same shall be deemed to be a misdemeanor, and the offender shall be liable to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child A. 10524*

1. Sex, (State whether male or female) *Girl*

2. Race or color, (if not of the white race) *White 22nd of March 1888*

3. Date of Birth, *22nd of March 1889*

4. Place of Birth, (Street and Number) *405 North Washington St.*

5. Full Name of Mother, *Mary Stant.*

6. Mother's Maiden Name, *Mary Pullman.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *John Pullman.*

9. Father's Occupation, *Hoster.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Crescentia Kunkel.*

Address, *213 North Chapel St. per Justina Kunkel*

Remarks, *Healthy.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child.*

1. Sex, (State whether male or female) *Female.*

2. Race or color, (if not of the white race)

3. Date of Birth, *Saturday, Mar. 23. 1889.*

4. Place of Birth, (Street and Number) *2009 Gough st. Baltimore.*

5. Full Name of Mother, *Mrs. Annie Frazier.*

6. Mother's Maiden Name, *Miss Annie Hart*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Mr. William Frazier*

9. Father's Occupation, *Carpenter.*

10. Father's Birthplace, *Baltimore, Md.*

~~Name of Medical Attendant,~~ or other person who makes this Return. *Chas. W. Hart*

Address, *2009 Gough st.*

Remarks,

[illegible]

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall also contain a certificate between the first and third day of each month, to the office of the Commissioner of Health, that no such birth has occurred, and that no such person has practiced midwifery without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th* A. 10514

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Just March 23^d 1887.*

4. Place of Birth, (Street and Number) *4th 2018 Lemon St.*

5. Full Name of Mother, *Anna Reinhardt*

6. Mother's Maiden Name, *Anne Arnold*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *John Reinhardt*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Patience Hall*

Address, *713 347 Gentleson St.*

Remarks, _____

SECTION 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book to be provided for that purpose, within one month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form hereunto annexed, to the Health Officer of the City of Baltimore, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or disobey the provisions of this section shall be and are subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-13-56
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Virginia Taylor
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d* *A. 11213*

1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *March 23^d 1889*
 4. Place of Birth, (Street and Number) *No 12 West Barney St*
 5. Full Name of Mother, *Laura Taylor*
 6. Mother's Maiden Name, *Laura Way*
 7. Mother's Birthplace, *Baltimore city md*
 8. Full Name of Father, *Thomas Taylor*
 9. Father's Occupation, *Huckster*
 10. Father's Birthplace, *Baltimore city md*
- Name of Medical Attendant, or other person who makes this Return. *E. Hinton*
- Address, *No 17 West Barney Street*
- Remarks,

Section 7.—And be it further enacted, and ordered, that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the Commissioner of Health, on or before the first day of the month following the month in which the birth shall have taken place. And be it further enacted, that any person who neglects or refuses to comply with the provisions of this section, shall be subjected in the fine of ten [10] dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 11517

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 24th

4. Place of Birth, (Street and Number)

826 Druid Hill Ave. Balt. Md.

5. Full Name of Mother,

Edna Caesar

6. Mother's Maiden Name,

Edna Shorter

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

George W. Caesar

9. Father's Occupation,

Porter

10. Father's Birthplace,

Friedrich City Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary J. Fessenden

Address,

1021 Druid Hill Ave Baltimore

Remarks,

SECTION 7.—And he is further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter be registered, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the name and occupation of its parents, the date and place of birth; and the date of the registration of the birth, and shall be delivered daily, at the expiration of the third day of each and every month, to the office of the Commissioner of Health, and the same shall occur without the attendance of a physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to do so, shall be deemed to be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* *A. 10019*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 24, 1887*

4. Place of Birth, (Street and Number) *413, S. Ann St*

5. Full Name of Mother, *Carrie Jones*

6. Mother's Maiden Name, *" Leach*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Charles Jones*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*

Address, *1605 Walker St*

Remarks,

[illegible]

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 24th. 89-

4. Place of Birth, (Street and Number)..... # 324 S. Whistler St

5. Full Name of Mother, ... *Mallie Leary*

6. Mother's Maiden Name, Mollie Hutchins

7. Mother's Birthplace, Galton, Ind.

8. Full Name of Father, *Wm. E. Casey*

2. Father's Occupation, *Teacher*

10. Father's Birthplace. *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address, 1203 N. Fayette St

Remarks,

Barn 1.30 A.M. -

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, or by the Registrar of Births, and shall enter thereon the full name and occupation of the mother, the full name of the child, the date of birth, the sex, color, the full name and occupation of the practitioner, the date of delivery, the date of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall immediately thereafter be present, shall report the birth of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subject to a fine not exceeding ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

A. 10572

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 24 1884 Balt-City Md

4. Place of Birth, (Street and Number) Cedar avenue 325

5. Full Name of Mother, Georgeanna Lockner

6. Mother's Maiden Name, Bokerst

7. Mother's Birthplace, Balt County Md

8. Full Name of Father, Calvin Lockner

9. Father's Occupation, Laborer

10. Father's Birthplace, Carroll County Md

Name of Medical Attendant, or other person who makes this Return, Mary A. Martin

Address, Mount Vernon Brick Hill Balt City

Remarks, Md

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the list of the births, which he is required to file with the Commissioner of Health, and shall also file the same with the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *A* *11523*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Wh.*

3. Date of Birth, *Mar 24th 89 at 1.45 - A.M.*

4. Place of Birth, (Street and Number) *1015 - E Chase St*

5. Full Name of Mother, *Mary K. Aice*

6. Mother's Maiden Name, *Klehm*

7. Mother's Birthplace, *Barto.*

8. Full Name of Father, *Geo. W. Aice*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Barto.*

Name of Medical Attendant, or other Person who makes this Return, *E. B. Hutton M.D.*

Address, *12 - Broadway*

Remarks, *Smooth mouth of white girl. V*

Section 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, and every person practicing medicine or surgery in the City of Baltimore, shall be and he is hereby required to file with the Registrar of Births and Deaths a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate of birth, to the Registrar of Births and Deaths, on or before the first day of the month following the month in which the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A. 101211
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth March 25 1899
 4. Place of Birth, (Street and Number) Cherryton Ave 313
 5. Full Name of Mother, Jda Basman
 6. Mother's Maiden Name, Radgus
 7. Mother's Birthplace, Danvers Co. Md
 8. Full Name of Father, Joseph C Basman
 9. Father's Occupation, Builder
 10. Father's Birthplace, Danvers Co. Md
 Name of Medical Attendant, or other Person who makes this Return, M. A. Thompson
 Address, 225 S. Howard St
 Remarks, Mother and Baby doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A

10025

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Mar 25 1899

4. Place of Birth, (Street and Number)

1603 Cole St

5. Full Name of Mother,

Mary Gouker

6. Mother's Maiden Name,

Mary Parson

7. Mother's Birthplace,

Baile Co. Md

8. Full Name of Father,

Richard Gouker

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baile Co. Md

Name of Medical Attendant, or other person who makes this Return.

B. B. Lee with M.D.

Address,

Pratt St. Baltimore

Remarks,

6 hrs born (about two days)

And for the purpose of making a correct return of a birth, the Registrar of Vital Statistics, Baltimore City, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the order care, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or father of such child shall be liable to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the name of the child, its sex, color, the date and place of birth, and the name of the mother, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second months of the child's life, to the Registrar of Vital Statistics, and shall be retained by him until the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* *A 11525*
1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *Colored*
3. Date of Birth, *March 25th 1889*
4. Place of Birth, (Street and Number) *No 927 N Howard St*
5. Full Name of Mother, *Maria Taylor*
6. Mother's Maiden Name, *" Jamison*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Henry Taylor*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Amelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks, *✓*

SECTION T.—And he is further enacted and ordained that every person practicing midwifery in the city of Baltimore, under a special charter of superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall submit the same to the Commissioner of Health, for his signature and approval. This schedule shall contain a list of the births which have occurred, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and shall set forth, the full name and occupation of the parents, the date and place of birth, and the sex of the child, and shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a midwife, or should an other person be in attendance upon the birth, or should a report of birth be made to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

P. 122 10527

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 25, 1889.

4. Place of Birth (Street and Number),

Baltimore University Hospital

5. Full Name of Mother,

Kittie Brown,

6. Mother's Maiden Name,

"New York"

7. Mother's Birthplace,

New York

8. Full Name of Father,

Chas. Wright

9. Father's Occupation,

Brass Wounder

10. Father's Birthplace,

Unknown

Name of Medical Attendant, or other person who makes this Return.

L. K. Wiley M.D.

Address,

74 N. Leary St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

A. 11525

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

March 31'

1523 Baltimore St

Fassie Quemer

" Brown

Balto Md

Sam. C. Quemer

Bookbinder

Balto Md.

John G. Huck,

647 - H. Townsend St.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be duly entered in the schedule provided for that purpose by the Board of Health. This schedule shall contain a list of the births which shall be entered in it, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child day of its birth, every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of its birth, the day of its birth shall be the day of its birth, and in no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

A. 10629

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 March

4. Place of Birth, (Street and Number)

37 Center market space

5. Full Name of Mother,

Delia Havan

6. Mother's Maiden Name,

Frost

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James H. Havan

9. Father's Occupation,

Saloon keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs Jenny Tunt

Address,

23 St. Eden street

Remarks,

Under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth, to the Registrar of Health. Every birth of any child which shall occur without the attendance of a physician or practitioner of medicine, shall be reported to the Registrar of Health by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 11530

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, March 25 1889

4. Place of Birth (Street and Number), 109 Mulberry St

5. Full Name of Mother, Rachel Parker

6. Mother's Maiden Name, Rachel Hill

7. Mother's Birthplace, Harford County

8. Full Name of Father, Edward Parker

9. Father's Occupation, Label

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Mrs Charity Jones 101 E

Address, Mulberry St

Remarks, Mulberry St

Births under these changes of residence and attendance birth shall hereafter take place shall keep a true and correct register of each birth and death and shall enter on the same the date of birth and death of the child, the name of the child, the name of the mother, the name of the father, the date and place of birth, and the date and place of death of the child, and shall forward the same to the Commissioner of Health, in the manner and within the time specified in the regulations of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth of the child, the parent or parents, the date and place of birth, and the date and place of death of the child to report to the Commissioner of Health, in the manner and within the time specified in the regulations of the Commissioner of Health, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



A. 105631

Tecumseh

March 25th 1889.

March 25th 1889.

umber) 174.5 Lumbard st

Mercy Tillyman

" Superl"

Only

Charles Tillman

Inspector)

Edinburgh

Mrs Eliza B. 'y

1774 Camp 1'

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall cause the same to be entered in the schedule to be furnished by the Commissioner of Health, and the same shall be filed in the office of the Registrar of Vital Statistics, and the same shall be retained for a period of one month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of a month, the practitioner shall deliver the same to the office of the Commissioner of Health, and shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8* *A. 10532*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *March 25 1889*
4. Place of Birth, (Street and Number) *606 Bradford ally.*
5. Full Name of Mother, *Merrie Youst.*
6. Mother's Maiden Name, *" " Ingramer.*
7. Mother's Birthplace, *Cal'y*
8. Full Name of Father, *Conrad Youst.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Cal'y*
- Name of Medical Attendant, or other person who makes this Return, *Wm. Eliza B. B.*
- Address, *1744 Bank St.*
- Remarks, _____

Sections 1-4. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the practitioner in the full name of each child, if any shall have been conferred its sex, color, the date and place of birth, and the date and place of delivery, and the date and place of confinement, and the date and place of death, if any shall have occurred, and shall be delivered, duly signed by the practitioner in the full name of each child, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such class, in the manner and within the period above required, in the manner and within the period above required, and any such person or persons who shall be found guilty of neglecting to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th* *A* *10533*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 25th*
4. Place of Birth, (Street and Number) *Baltimore City No 122 Scott St*
5. Full Name of Mother, *Elizabeth K Wiseman*
6. Mother's Maiden Name, *Stoffel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Wiseman*
9. Father's Occupation, *Finer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Catherine Shinnich*
- Address, *800 Ladenhall Street*
- Remarks,

[illegible]

Elizabeth Pearl Austen

A. 102301

- 444 J. C. DUBOIS & CO. CITY EDITORS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 1035
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 26 - 1889
4. Place of Birth, (Street and Number) 415 N. Gilman St.
5. Full Name of Mother Jennie Stahl
6. Mother's Maiden Name Gable
7. Mother's Birthplace Balto.
8. Full Name of Father Louis R. Stahl
9. Father's Occupation Solicitor
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other person who makes this Return. John A. [Signature]
- Address 701 McConduit Ave
- Remarks _____

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Eva Deutsch* 65

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A. 1163

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 26 . 89.

4. Place of Birth, (Street and Number)

521 N. Carrollton ave

5. Full Name of Mother,

Clara Reese

6. Mother's Maiden Name,

7. Mother's Birthplace,

Wm. (Deutsch) Balt^y

8. Full Name of Father,

9. Father's Occupation,

Printer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

William W. D. S.

Address,

919 Madison ave.

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Eva Deutsch 6⁵

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

March 26 - 89.

521 N. Carroll ave
Clara Reese

Wm Deutsch Ball's

Printer

New York
Baltimore d. 5
949 Madison ave.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

[illegible]No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

A. 10, 28

- Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

while race),
Mar. 25th 1894.
Number), 512. N. Gilman St. ✓
Laura V. Wilson. ✓
Laura V. Ray. ✓
Baltimore City, (Md.) ✓
Alexander C. Wilson. ✓
Disparaged Manager ✓
Baltimore City, (Md.) ✓
John R. Hodge, M.D. ✓
662 W. Lexington St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. A. 10539

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) White

3. Date of Birth, Mar. 26, 1859

4. Place of Birth, (Street and Number) 1234 Canton St.

5. Full Name of Mother, Rachel Jackson

6. Mother's Maiden Name, Rachel Wipfgraff

7. Mother's Birthplace, Howard Co.

8. Full Name of Father, Jessie Jackson

9. Father's Occupation, Puddler

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary G. Snapper

Address, B. O. Mass.

Remarks,

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

A 10140

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

March 26th 1889

4. Place of Birth, (Street and Number)

2525 Fairmount Avenue

5. Full Name of Mother.

Elizabeth Fischer

6. Mother's Maiden Name,

Elizabeth J. Stewart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert C. Fischer

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Samuel F. Powell M.D.

Address,

217 Wisquith Street

Remarks.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or if the child be born in any place other than a hospital, the parent or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or other person in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A. 10541

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March - 26th

4. Place of Birth, (Street and Number)

613 Little Packer St

5. Full Name of Mother,

Louisa Apple Weller

6. Mother's Maiden Name,

Louisa Apple

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis Weller

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Heelingongha Dwyer

Address,

Remarks,

641 Co Packer St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,* ..

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

or other person who makes this Return.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the occupation of its parents, and the date of its birth, and the date of its death, and the date of its first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to send the schedule to the office of the Registrar of Vital Statistics, and within the period above required, and any such person or persons who shall hereafter fail to comply with the foregoing provisions shall be liable to be fined to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child* *A.* *10543*

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race). *colored*

3. Date of Birth, *March 26*

4. Place of Birth, (Street and Number) *No 5 Will st*

5. Full Name of Mother, *Annie Diggs*

6. Mother's Maiden Name. *Annie Williams*

7. Mother's Birthplace, *eastern Shore*

8. Full Name of Father, *John Diggs*

9. Father's Occupation, *holser*

10. Father's Birthplace, *born in Baltimore City Md*

Name of Medical Attendant, or other person who makes this Return *Miller gross*

Address, *No 224 York st*

Remarks,

Experimental design for the study of the effects of the intervention

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. Mother's Birthplace

8. Full Name of Father.

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10* *A-16545*
 1. Sex (state whether male or female), *female*
 2. Race or Color (if not of the white race), *colored*
 3. Date of Birth, *March 26 1887*
 4. Place of Birth (Street and Number), *906 Walters Court*
 5. Full Name of Mother, *Ebene Downs*
 6. Mother's Maiden Name, *Dwene*
 7. Mother's Birthplace, *Prinble George County Md*
 8. Full Name of Father, *James Downs*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *West river Md*
 Name of Medical Attendant, or other person who makes this Return, *Barryman Nelson*
 Address, *537 Walnut alley*
 Remarks,

more under fines or charges of advertisement, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the persons who have been born in Baltimore City, and shall be signed by the Registrar of Vital Statistics, and shall be set, color, the full name and occupation of the parents, the date and place of birth; and if any child has been conceived and born in Baltimore City, the Registrar of Vital Statistics shall be notified, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in any other person, child, or woman, who is not a mother, immediately after the birth of the child, the Registrar of Vital Statistics shall be notified, duly signed by the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

Multitude must enter whose charge or superintendence a birth shall hereafter take place; and will keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and so forth, until all the births which are ascertained the full name of each child, if any shall have been born, and the date, time, place, sex, color, and condition at birth, and the names of the father and mother, and the physician or practitioner, duly signed by the practitioner in the form of a certificate, on the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, to cause the same to be reported, and to procure the required certificate from the person or persons who shall thereafter fail to comply with the provisions of this section, he or she shall be fined ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible]

Multitude must enter whose charge or superintendence a birth shall hereafter take place; and shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and also set forth at the same time as be ascertained the full name of each child, if any shall have been born, the date of its birth, the date and place of birth, and the names of the mother and father, and the date and place of death, if it die before the expiration of the third day of each and every month. In case the physician or practitioner in the form of such schedule shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, he or she shall become the duty of the person or persons of such family to report its birth to the Commissioner of Health, and to file the same on the schedule required.

If any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter place a true and correct registration card in the City of New York, and shall be liable for the same.

This act shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place when the child was registered, and shall be signed by the parent or guardian of the child.

Any person who shall fail to comply with the provisions of this act, or who shall incur the penalty thereunder, shall incur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parent of such child to report its birth to the Commissioner of Health, in the manner and form and at the time and place required, and to pay to the Commissioner of Health the sum of ten dollars for the privilege of so reporting the birth, and if the parent or parent of such child, or the person so reporting the birth, shall be convicted of such offense, to be assessed on either party and forfeited to the City of New York the sum of ten dollars for each offense.

[illegible]

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule when the child was born, signed and attested by the physician or midwife, and shall also contain a full and true account of the child's health, and shall be filed with the Commissioner of Health.

No child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to the Commissioner of Health, in the manner and to the extent above required, the name of the child, its sex, color, date and place of birth, and the name of the physician or midwife who attended the birth, and the name of the person or persons who were present at the birth.

Any person who shall violate the provisions of this act shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not less than \$100 dollars for each offense, to be recovered in such area and forfeited as required.

[illegible]

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule when the child was born, signed and attested by the physician or midwife, and shall also contain a full and true account of the child's health, and shall be filed with the Commissioner of Health.

No child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to birth to the Commissioner of Health, in the manner and form and at the time and place required, and to file the same with the Commissioner of Health.

Any person who shall violate the provisions of this act shall be deemed to be guilty of a misdemeanor, and be liable to a fine of not less than \$100 dollars for each offense, to be recovered in such area and forfeited as required.

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter place a true and correct registration card in the hands of the Commissioner of Health.

This article shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the delivery agent, and shall be signed by the mother of the child.

Any child born in the City of New York shall be registered by the Commissioner of Health, in the hands of the Commissioner of Health, in the manner and to the end above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and to the end above required, and shall be registered by the Commissioner of Health, in the manner and to the end above required, and shall be subject to the fine of ten dollars for each offense, to be recovered on such return and forfeited as required.

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place when the child was registered, together with the name of the physician or midwife, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and form and at the time and place required, and to pay to the Commissioner of Health the sum of ten dollars for the privilege of so registering the child, and to the sum of ten dollars for each offense, to be received on either side and forfeited as required.

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule when the child was born, signed and attested by the physician or midwife, and the date when the child was born, and shall be filed with the Commissioner of Health.

No person shall be liable for the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and form and at the time and place required, and to pay to the Commissioner of Health the sum of ten dollars for the privilege of so reporting the birth, and if the parent or parents be unable to pay the sum of ten dollars for such offense, to be secured on their bond and forfeited as required.

This act shall be construed so as to charge or superintendence in birth shall hereafter take place, shall keep a true and correct register of all children born in the city, and shall cause the same to be entered upon the records of the City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and shall include when the delivery was made, signed by the physician attending the mother, and the date when such attendance occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge to report to the Commissioner of Health, in the manner and form and at the time and place required, the number of children born in the city during the preceding month, the names of the several children so born, and the sum of \$100 dollars for each offense, to be received on their behalf and forfeited as required.

[illegible]

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule when the child was born, signed and attested by the physician or midwife, and shall also contain a statement of the cause of death, if the child should die, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and form and at the time and place required, and shall be subject to the penalty of a fine of not more than one hundred dollars for each offense, to be recovered in such manner and for such purposes as the Board of Health may deem proper.

[illegible]

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule when the child was born, signed and attested by the physician or midwife, and shall contain a full and true account of the child's health, and shall be filed with the Commissioner of Health.

No child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to birth to the Commissioner of Health, in the manner and form and at the time and place required, and to file the same with the Commissioner of Health.

Any person who shall violate the provisions of this act shall be deemed to be guilty of a misdemeanor, and be liable to a fine of \$100 dollars for each offense, to be recovered in such area and forfeited as required.

[illegible][illegible]

This act shall be construed to mean that any person placing a child in the City of New York under such charge or superintendence in birth shall hereafter keep a true and correct register of the child, and shall file the same with the Commissioner of Health.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full schedule when the child was born, signed and attested by the physician or midwife, and shall contain a full and true account of the child's health, and shall be filed with the Commissioner of Health.

No child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to birth to the Commissioner of Health, in the manner and form and at the time and place required, and to file the same with the Commissioner of Health.

Any person who shall violate the provisions of this act shall be deemed to be guilty of a misdemeanor, and be liable to a fine of not less than \$100 dollars for each offense, to be recovered in such area and forfeited as required.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the names of the parents, the date and place of birth, and the date and place of death, if any shall have died. The schedule shall be delivered, daily signed by the registrant, to the Commissioner of Health. In case the birth, the first and second child of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to file the same with the Commissioner of Health. Any person who fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other laws and authorities are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child *A 10248*
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 27 - 1889.

4. Place of Birth, (Street and Number)

1026 James alley.

5. Full Name of Mother,

Minnie Noll.

6. Mother's Maiden Name,

Pleby.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Jacob Noll.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schuesser. Midwife.

Address,

1032 Hanover St.

Remarks,

[illegible]

A. 10649

- Name of Medical Attendant, or other person who makes this Return.

Ms Rose Hilbig
1902 Stillman

Wm. J. O'Sullivan & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child A 11557

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 27 of March

4. Place of Birth, (Street and Number) 1813 Little Walsh St

5. Full Name of Mother, Maggie Westerhoff

6. Mother's Maiden Name, Maggie Esline

7. Mother's Birthplace, Germany

8. Full Name of Father, August Westerhoff

9. Father's Occupation, Beer Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Donley

Address, 1435 Little Walsh St

Remarks, None

register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred in the city during the year, and shall be filled out by the Registrar of Vital Statistics, who shall be authorized to examine the records of the several churches, and to obtain from the same the names of the persons who have been conferred the sacraments, and to enter the same on the schedule. The schedule shall be filled out by the Registrar of Vital Statistics, who shall be authorized to examine the records of the several churches, and to obtain from the same the names of the persons who have been conferred the sacraments, and to enter the same on the schedule. The schedule shall be filled out by the Registrar of Vital Statistics, who shall be authorized to examine the records of the several churches, and to obtain from the same the names of the persons who have been conferred the sacraments, and to enter the same on the schedule.

[illegible][illegible]

1 A 16,52

97

77

March 27 1889

1634 Anne & Alice, Ro

Mabel Ross?

2

Frederick. Md

Illegotemata chela

0

K. H. H. H.

or other person who
makes this Return.

1 Mt Royal Terrace

Remarks,

As a further proof of the same, the Commission shall force each parent to accept a true and correct description of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall sign and seal the same, and the birth schedule so executed, under his/her care during the birth, and shall also forthwith give the same to the practitioner, for use in the birth certificate to be conferred in respect, color, the full name and occupation of its parents, the date and place of birth; and the third schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third schedule of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the mother or father fails to appear before the Commission for attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so authorized to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persona who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 March

4. Place of Birth, (Street and Number) 1903 E Pratt St

5. Full Name of Mother, Mary Schessler

6. Mother's Maiden Name, " Fort

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, John Schessler

9. Father's Occupation, cigar maker

10. Father's Birthplace, Pittsburg Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Allig

Address, 302 86th Ave

Remarks,

register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the same person as the birth certificate, and shall be filed in the office of the Commissioner of Health. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the person attending the birth shall immediately report the same to the Commissioner of Health, and shall in report its birth to the Commissioner of Health, in the form of a certificate, and shall be subject to the same penalties as are provided for in the laws relating to the registration of births, and shall be subject to the same penalties as are provided for in the laws relating to the registration of births, and shall be subject to the same penalties as are provided for in the laws relating to the registration of births.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A 10511

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

March 27th

4. Place of Birth, (Street and Number)

1027 Howard St

5. Full Name of Mother.

Augusta Braun

6. Mother's Maiden Name,

" Bliss

7. Mother's Birthplace,

City

8. Full Name of Father,

John Braun

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. Braun MD

Address,

511 Howard St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on the said schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place in the city of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name of each child, the name of the mother, the date and place of birth, and the name of the physician or midwife who attended the birth, and the name of the person who received the child. The said schedule shall be signed by the practitioner to the form of a certificate between the first and third day of each and every month, to be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of whoever shall receive the child to report its birth to the Commissioner of Health, in the manner and within the period of time provided for in the provisions of this section, and the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *B 2d*

A. 10655

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *March 27th 1889*
 4. Place of Birth, (Street and Number) *1535 Alieann st.*
 5. Full Name of Mother, *Mary Esler*
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Esler*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. C. Bernstein*
- Address, *122 S. Exeter st.*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th A. 10656

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

March the 24

4. Place of Birth, (Street and Number)

Baltimore Cross St 1632

5. Full Name of Mother,

Clarence J Johnson

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

William H Johnson

9. Father's Occupation,

Machine

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Halkorn

Address,

Light St 1514

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month in which the birth occurred, and shall be delivered, duly signed up to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. No schedule shall be delivered, or shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, to the satisfaction of the Commissioner of Health, in the manner and within the period above prescribed, any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10657
1-7

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of May
4. Place of Birth, (Street and Number) 2220 Friedrich Avenue
5. Full Name of Mother, Louise Muenzing
6. Mother's Maiden Name, Louise Heafmeister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Muenzing
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friedrich Reuter midwife

Address, 2116 West Pratt St

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d A. 11503

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27. 1889

4. Place of Birth, (Street and Number)

~~Baltimore~~ St Cooks St 1101

5. Full Name of Mother,

Anna Losen

6. Mother's Maiden Name,

Anna Landen Sklagel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Huge Losen

9. Father's Occupation,

Labear

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return.

Mrs. Ebel

Address,

619 Cuba St

Remarks,

Baltimore

registrar of each birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall cause the same to be filed in the office of the Registrar of Births and Deaths, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is not reported to the office of the Registrar of Births and Deaths, the duty of the practitioner shall be to attend upon the mother immediately thereafter, and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 10557
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th
4. Place of Birth, (Street and Number) 1002 Steys. Alley
5. Full Name of Mother, Annie Appell
6. Mother's Maiden Name, Blundson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. B. Appell
9. Father's Occupation, White metal worker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who make this Return, Catherine Mischke
- Address, 808 Leadenhall Street.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child. A 10660*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March. 27th 1889*

4. Place of Birth, (Street and Number) *927 W. Lombard St. Baltimore. Md*

5. Full Name of Mother, *Annie Gertrude Norris.*

6. Mother's Maiden Name, *Annie. L. Felger.*

7. Mother's Birthplace, *Baltimore. Md*

8. Full Name of Father, *George Albert Norris.*

9. Father's Occupation, *Plumbing.*

10. Father's Birthplace, *Alexandria, Va.*

Name of Medical Attendant, or other person who makes this Return. *L. Dumas*

Address, *1927 West Lombard st*

Remarks,

Section 10. Every person practicing as a physician or midwife in the City of Baltimore, who is charged with the attendance of a woman in childbirth, shall keep a true and correct record of the birth of every child born in the City, and shall immediately report the same to the Registrar of Vital Statistics, within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the name and occupation of its parents, and the name and address of the practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents of such child shall immediately thereafter report the same to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CIVIL NAME ADDED 11-22-55

Ethel Epstein—

154

A. 10002

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

- 3.
- Date of Birth,*

27-1889

4. *Place of Birth, (Street and Number)*

652 St Fayette St

5. *Full Name of Mother,*

Lena Epstein

- 6.
- Mother's Maiden Name,*

Wienberger

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father*

Jacob Epstein

- 9.
- Father's Occupation*

Proprietors Baltimore Wharfin House
Johnston Cotton Broker

- 10.
- Father's Birthplace.*

Russia

Name of Medical Attendant, or other person who makes this Return.

Thomas Obio M.D.

Address,

600 N. Howard St

Remarks,

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name of each child, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, and the name of the person who makes the return. The Commissioner of Health shall cause a copy of this schedule to be filed in the office of the Commissioner of Health, and the original schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the father of each child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3* *A. J. 1884*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *March 28th 1887*
4. Place of Birth, (Street and Number) *615 Bradford ally.*
5. Full Name of Mother, *Ebenezer Physter*
6. Mother's Maiden Name, " " *Greenwald*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Francis Physter*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Eliza B. B.*
- Address, *1144 Bank St.*
- Remarks, _____

under whose charge or superintendence a birth shall thereafter take place, shall keep a true and correct register of such birth, and shall cause the same to be entered in a book to be provided for that purpose, and shall keep a true and correct register of such birth, and shall cause the same to be entered in a book to be provided for that purpose, and shall keep a true and correct register of such birth, and shall cause the same to be entered in a book to be provided for that purpose.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d — A. 12285

1. Sex, (state whether male or female) Male —
2. Race or Color, (if not of the white race) White - (Italian)
3. Date of Birth Thursday March 28th 89
4. Place of Birth, (Street and Number) 809 Plummer St
5. Full Name of Mother, Anna DiStepan
6. Mother's Maiden Name, Anna DiPaulo
7. Mother's Birthplace, Italy - (Sicily)
8. Full Name of Father, Luigi DiStepan
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Amelch M. K.

Address, Park Ave & Mulberry St.

Remarks, Dated

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A. 10000

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 28th 1889
4. Place of Birth, (Street and Number) 1070 Granby st.
5. Full Name of Mother, Lela Straletzky
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Straletzky
9. Father's Occupation, Labour
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, _____

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner, and shall retain a list of the births which have occurred under his or her care during the month, and shall set forth, in the schedule, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the mother, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first and third day of each and every month, to the office of the Commissioner of Health. In case the child is born to a physician or practitioner of midwifery, or should no other person be a child to report its birth to the Commissioner, it shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of the Registrar, and shall be referred to the Registrar of Health, who shall have been referred its serial number, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the Registrar shall be notified by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (State whether male or female)

Female.

2. Race or color, (if not of the white race)

3. Date of Birth,

Mich. 28.7.1889.

4. Place of Birth, (Street and Number)

650, W. Barre. St.

5. Full Name of Mother,

Maggie E. Akers.

6. Mother's Maiden Name,

Rundell.

7. Mother's Birthplace,

Balt. City.

8. Full Name of Father,

Harry B. Akers.

9. Father's Occupation,

Jeweler -

10. Father's Birthplace,

Balt. City.

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall-hed.

Address,

5-24 Sharp St.

Remarks,

we

Register of such births, and shall cause the same to be taken, which schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, which shall be referred to, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be so referred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the actual schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the assistance of a midwife or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the practitioner to report the birth to the Commissioner of Health, in manner and within the period above provided. The Commissioner of Health, in the name and with the seal of the State, shall cause such schedule to be filed, and who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars and shall moreover fail to be recovered as a not true and false figures are recoverable.

A. 16571

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *March 28" 1889*

4. Place of Birth (Street and Number), 757 Columbia Ave.

5. Full Name of Mother, Sarah Virginia Ogle

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant. or other person who makes this Return.

Address, *N. E. Columbia & Fremont Ave.*

Remarks,

L. Marie Eldredge, M.D.

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and after failing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

A. 11, 72

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thursday March 28th 1887

4. Place of Birth, (Street and Number)

No 2131 W. Henry St

5. Full Name of Mother,

Julia Kaiserski

6. Mother's Maiden Name,

Julia Nieber

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John W. Kaiserski

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Catherine Hall

Address,

No 349 Wentworth St

Remarks,

Article 1. Each birth shall enter the same on a birth schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred within his or her time during the month, and shall set forth as far as the same can be ascertained the names of the parents, the date and place of birth, and the sex of the child. The birth schedule shall be kept in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time. The birth schedule shall be kept in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time. The birth schedule shall be kept in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time.

[illegible]

974. hild. **A** 1073

- Little Boy
White rail
8th of March 1889
Wilkins is
r
iller
Leng Germany
Burr
Peer Exner
Leng Germany
Hiller
were Pratt is

Mrs. Hiller

2127 west Pratt st

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A 10.276

Male

White

March 25 1889

Ford No No 1420

Elizabeth Jewell

Elizabeth Lippert

Baltimore

John Harvey

Lucas

Baltimore

Mrs. Ettel

1619 Cuba St

Baltimore

Register. Every birth, death, marriage and divorce shall be registered in the register of such town or city and shall carry the same or a plain schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the placental weight and condition of the child at birth, and the date of its admission to the hospital. In case the birth of any child shall occur on any day of every month, the Commissioner of Health, in and on the birth of any child shall cause a schedule to be filled out and signed by the attending physician or midwife, and shall cause the same to be returned to the Commissioner of Health, in and on the birth of any child, and shall cause the same to be filed in the register of such town or city. The Commissioner of Health shall have the right to require any person or persons who attend upon the mother, immediately thereafter, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars as such offense, to be recovered as other laws and forfeitures are recoverable.

[illegible][illegible]

A. 10070

- 2, &c.) 12. 1827/5
Alaska
White
March 29th 1829
650 Columbia St
Julia Joseph
" Cotton
Pabstman
Philip Joseph
Notion Dealer
Germany

7500 who
Return. *Theroddy Coker M.D.*
Put N. Chandra

Wm. H. Charles

register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain in that of the births which have occurred during the month, the name, sex, color, the full name and occupation of his parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A-10578

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

Colored

3. Date of Birth,

29. March

4. Place of Birth, (Street and Number)

1145 E. McClellan St

5. Full Name of Mother,

Martha Peck

6. Mother's Maiden Name,

Martha Thompson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Porter

9. Father's Occupation,

Isaac Peck

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return.

Mary Miller

Address,

508 N. Caroline St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Personable White A. 10579

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,

March 29, 59

4. Place of Birth, (Street and Number)

#2035 Hickory Ave

5. *Full Name of Mother,*

Valeria Darys

6. *Mother's Maiden Name,*

Valeria M^{rs} Curie

7. *Mother's Birthplace,*

Paterson Island, Md.

8. *Full Name of Father,*

Thomas Davis

9. *Father's Occupation,*

Goldier (L. E. A.)

10. *Father's Birthplace,*

May.

Name of Medical Attendant, or other person who makes this Return.

Wm. B. Lee with Mr. Pratt & Stricker Es.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth* *A* 10580
1. Sex, (state whether male or female) *male*
2. Race or color, (if not of the white race) *colored*
3. Date of Birth, *March 29th 1889*
4. Place of Birth, (Street and Number) *503 Hargrove Al*
5. Full Name of Mother, *Mary Gains*
6. Mother's Maiden Name, *" Murphy*
7. Mother's Birthplace, *m Ireland*
8. Full Name of Father, *Moses Gains*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return *Amelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks,

Register of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the following particulars: the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of its mother, and the date of its birth, and shall also enter the name of the medical attendant, or other person who makes this return, and the address of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each of once, to be recovered as other laws and ordinances are recoverable.

Extract Regulations of the Health Department to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, when and where born, the sex, color, the full name and occupation of the father, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten dollars for each offense, to be recovered in another fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Lillian ——— *Baby* *First* *A. 10 1881*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 29th 1881*

4. Place of Birth, (Street and Number) *No. 15 Cottage Lane*

5. Full Name of Mother, *Mary Dinges*

6. Mother's Maiden Name, *Hardy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Dinges*

9. Father's Occupation, *Galvener*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return.

Address, *No. 1237 W Lombard St*

Remarks, *ONE CASE MORE* *10-8-53*

h.m

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *A* *1652*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *—*

3. Date of Birth, *March 29 1889*

4. Place of Birth, (Street and Number) *247 S. Washington St.*

5. Full Name of Mother, *Mrs. Elizabeth Lee Nord Majors*

6. Mother's Maiden Name, *Miss Elizabeth Lee Nord*

7. Mother's Birthplace, *Griffin, Georgia*

8. Full Name of Father, *William Lewis Majors*

9. Father's Occupation, *Mariner on the tug Annie Bell*

10. Father's Birthplace, *Wilkesboro Co. N.C.*

Name of Medical Attendant, or other person who makes this Return, *Chas. G. Rude, M.D.*

Address, *2000 E. Balt. St.*

Remarks, *Natural delivery*

[illegible][illegible]

4

A. 10.53

female

White

29th March 1889

800 S. E. Taw 17

Chas. L. Furset

Ella L. Wilkins

Jackson New Jersey

Charles H. Frewst

Gilder

Baltimore Md

Catherine Minch

850 Leadenhall Street.

100-000

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c) *8th* *A.* *10811*

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White. race.
3. Date of Birth, March. 29/89.
4. Place of Birth, (Street and Number) No. 331. Winter. St.
5. Full Name of Mother, E. W. Simmons
6. Mother's Maiden Name, Clark.
7. Mother's Birthplace, Richmond, Virginia
8. Full Name of Father, John. W. Simmons
9. Father's Occupation, Painter
10. Father's Birthplace, Cambridge. Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

Annie. Gains,
Nov. 17. 14. Sight. St.
Yours. Respectfully.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

A. 1889

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

March 30th 1889

4. Place of Birth, (Street and Number)

724 W Cross St

5. Full Name of Mother.

Maggie Higdon

6. Mother's Maiden Name.

" Hastings

7. Mother's Birthplace.

City

8. Full Name of Father.

Alex Higdon

9. Father's Occupation.

Machinist

10. Father's Birthplace.

City

Name of Medical Attendant, or other person who makes this Return.

J. C. Burchard

Address,

571 Howard St

Remarks.

Health. This schedule shall contain a list of the births which have occurred under the care of the Registrar during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, the first and third day of each, and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of birth child to report its birth to the Commissioner of Health, and the same shall be entered in the schedule, and the provisions of this section shall be subject to the fine of ten dollars for each offence. In the receipt of this section shall be subject to the fine of ten dollars for each offence. In the receipt of this section shall be subject to the fine of ten dollars for each offence.

registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the registrar of such birth, and shall be delivered to the Commissioner of Health, on or before the first day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the registrar of such birth, or any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

A, 1888

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30, 1888
4. Place of Birth, (Street and Number) 1221, Jefferson St.
5. Full Name of Mother, Sarah Ball
6. Mother's Maiden Name, Lauferheimer
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Maximilian Ball
9. Father's Occupation, Furniture Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D. Christian, M.D.

Address, 1821 Madison Ave

Remarks, _____

At the time of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

9th — A. 10687

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 30/84

4. Place of Birth, (Street and Number)

1389 St. Stephen

5. Full Name of Mother,

Mary Malambres

6. Mother's Maiden Name,

" " Scott

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Malambres

9. Father's Occupation,

Drummer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Annis M.D.

Address,

1571 President St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the date of the mother's confinement, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report it to the Commissioner of Health, in the manner and within the time which shall be prescribed by the Commissioner, who shall report thereon, and shall be subject to the same penalties and forfeitures as other fines and forfeitures are recoverable, and shall be subject to the same penalties and forfeitures as other fines and forfeitures are recoverable, and shall be subject to the same penalties and forfeitures as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

A.

1868

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th March 1889

4. Place of Birth, (Street and Number)

No. 608 3/4 Hamburg St

5. Full Name of Mother,

Annie Fischer

6. Mother's Maiden Name,

Annie. Gabe

7. Mother's Birthplace,

Baltic Ind

8. Full Name of Father,

Bergman L. Fischer

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Baltic Ind

Name of Medical Attendant, or other person who makes this Return.

Catherine Minnich

Address,

808 Leadenhall Street.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of the month, the practitioner shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

A 10089

1. Sex, (State whether male or female)

male

2. Race or color, (if not of the white race)

white

3. Date of Birth,

Mar. 30, 1899

4. Place of Birth, (Street and Number)

2307 Eastern Ave

5. Full Name of Mother,

Nancy Reynolds

6. Mother's Maiden Name,

Nancy Mills

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Irving Reynolds

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary L. Smythe

Address,

721 Myrtle

Remarks,

Registrar of each birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth the name of the child, its sex, color, the full name and address of the mother, and the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, in case the birth of any child shall occur within the jurisdiction of the Commissioner of Health, or should no other person be in attendance upon the mother, in case of a physician or practitioner of midwifery, or should the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this act, and above required, and be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

A 10091

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

March 20, 1891

4. Place of Birth, (Street and Number)

704 Highland Ave

5. Full Name of Mother,

Mary A. McLean

6. Mother's Maiden Name,

McGrath

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John C. McLean

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

Dr. J. H. H. H.

Address,

403 N. E. St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and sex, date and place of birth, and the date of registration, and the name and location of the physician or practitioner in the form of a certificate between the first and second entries of the child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the mother to report the birth of such child to report its birth to the Commissioner of Health, and if she fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

11th A. 1893

Male
White

Mar 31 " 89

57 Bunker St

Mary Jane Pearson

" " Messenger

Montgomery Co. Md.

Corpus Christi Pearson

Charles Pearson

Norway (Europe)

B. B. Sullivan M.D.

Pratt Street St.

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con-
ferred; its sex, color, the full name and date of its birth, the date and place of birth, and the full schedule
shall be delivered, duly signed by the practitioner, in the certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In the case of a child born without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the
Commissioner of Health, hereafter it shall become the duty of the person or persons of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, David McGregor Shipley Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3?

A 112 111

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Male

Mar 3

2020 Chader St.

Mrs Shipley
Young

David Shipley
Druggist
Baltimore

A. M. Kilson

Name of Medical Attendant, or other person who makes this Return.

Address,

1008 Madison Ave.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the practitioner of health, or the attendance of a physician or midwifery, or should no other person be in attendance upon the birth, by the mother or the father, or the child, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A. 10/19/89

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

Colored (Mulatto).

3. Date of Birth,

March 31st 1889.

4. Place of Birth, (Street and Number)

420 N. Pine St.

5. Full Name of Mother,

Addie M. Creditt Waller

6. Mother's Maiden Name,

Addie M. Creditt

7. Mother's Birthplace,

Baltimore - Md.

8. Full Name of Father,

Garrett R. Waller.

9. Father's Occupation,

Preacher of the Gospel

10. Father's Birthplace,

Northampton Co. Va

Name of Medical Attendant, or other person who makes this Return.

Robert T. Wilson

Address,

814 + 820 Park Ave

Remarks,

SECTION 1.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who charges for attendance a birth shall hereafter take place, shall keep a true and correct register of such births, and shall, on or before the first day of the month of January next, and on the first day of each subsequent year, submit to the Commissioner of Health, a list of the births registered by him, containing the name of the mother, the date and place of birth, the sex, color, the full name and occupation of the parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and under the penalties hereinafter prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A 10195

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March the 31 1889

4. Place of Birth (Street and Number), 213 Second St

5. Full Name of Mother, ~~Jessie~~ Mary G Lee Robbins

6. Mother's Maiden Name, Mary Jane Lee

7. Mother's Birthplace, West Wheeling Wt

8. Full Name of Father, William Edwin Robbins

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor

Address, 41 Guilford ally

Remarks,

Little certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as for the same can be ascertained this number, sex, color, the full name and the child's name as referred to, date of birth, and the child's schedule number, as set forth in the certificate of birth, and the child's schedule number as determined by the health officer. The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth, to the father or mother, or to the attendance of a physician or practitioner of midwifery should no other person be present, and shall be retained by the practitioner until the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this act, be liable to a fine of ten dollars for each such offense, to be recovered as set aforesaid and forfeitures are recoverable.

the Baltimore Publishing Co., City Printers and Stationers

A 16247

1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *March 2 1889*
4. Place of Birth (Street and Number), *No 54 East York Street*
5. Full Name of Mother, *Mary James*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Samuel Ryan*
9. Father's Occupation, *laborer*
10. Father's Birthplace,

Name of Medical Attendant,

or other person who
makes this Return.

Mrs Ann Taylor

Address.

41 Guilford alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.* 10596
1. Sex (state whether male or female), *Male.*
2. Race or Color (if not of the white race), *White.*
3. Date of Birth, *March 2d -*
4. Place of Birth (Street and Number), *#758 Mulberry st*
5. Full Name of Mother, *Dora Brant*
6. Mother's Maiden Name, *Homburg.*
7. Mother's Birthplace, *Balto. City.*
8. Full Name of Father, *William H. Brant.*
9. Father's Occupation, *Shirt-cutter.*
10. Father's Birthplace, *Baltimore City.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. H. H. H. H.*
- Address, *N. E. Cor Columbia & Thacker Ave.*
- Remarks,

Register of such child, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The mother of such child, or the person who has charge of the child, shall, within the month, and shall set forth as far as the same may be known, the name, sex, color, the full name and occupation of the parents, the date and place of birth of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

A 10599

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2th of March

4. Place of Birth, (Street and Number)

514 West Hamburg St

5. Full Name of Mother,

Carrie Pauly

6. Mother's Maiden Name,

Carrie Hunter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Pauly &

9. Father's Occupation,

Rabbit macker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Leatherine Meisch

Address,

800 Leadenhall Street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be returned to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following. The name can be ascertained from the full name of each child, if any shall have been registered, or from the name of the mother, if the child is a female, or from the name of the father, if the child is a male. The full name of the mother, and the full name of the father, shall be written in the space provided for the name of the mother, and the full name of the father, respectively. The date of birth shall be written in the space provided for the date of birth, and the place of birth shall be written in the space provided for the place of birth. The sex of the child shall be written in the space provided for the sex of the child, and the race or color of the child shall be written in the space provided for the race or color of the child. The occupation of the father shall be written in the space provided for the occupation of the father, and the birthplace of the father shall be written in the space provided for the birthplace of the father. The name of the medical attendant, or other person who makes this return, shall be written in the space provided for the name of the medical attendant, or other person who makes this return. The address of the medical attendant, or other person who makes this return, shall be written in the space provided for the address of the medical attendant, or other person who makes this return. The remarks shall be written in the space provided for the remarks.

Month. This section shall contain the name of the father, which shall have been ascertained under him or her name during the month, and shall set forth as far as the name can be ascertained, the date of birth, the date of the coming of age, the date when conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when delivered, and shall be monthly signed by the practitioner in the form of a certificate between the first and third day of each month, and shall be kept on file in the office of the clerk of the court, and shall be open to the public. If any child shall occur without the attendance of a physician or practitioner of midwifery or person of the title of any child shall be attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such title to sign such person or persons who shall thereafter fail to comply with the period above required, and shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of
1. Se
2. Re
3. De
4. Pl

1E-10701

Female

the white race).

March 2nd 1889

d Number) 15-131 Chapple st.

Babes' Eastman

" " *Ch. L. L.*

Copy

Robert Eastman

Stack Lee.

Chicago

Mr. Liza B. B.

1744 Bait k.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by him or her, and shall be filed in the office of the Registrar of Vital Statistics. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance at the birth, the birth shall be recorded in the office of the Registrar of Vital Statistics by such child's parent or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10701
5 12

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *2nd of March*
 4. Place of Birth, (Street and Number) *313 Forest St.*
 5. Full Name of Mother, *Mary Schmidt*
 6. Mother's Maiden Name, *Mary Spinner*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *John Schmidt*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *Frederick Reuter Michels*
- Address, *2116 West Pratt.*
- Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the sex, race or color, and the date and hour of delivery, duly signed by the Commissioner in the presence of the child, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10702

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 2nd March

4. Place of Birth, (Street and Number)

1118 Burgunday Alley

5. Full Name of Mother, Annie Katie Catharina Elisabetha Hissey

6. Mother's Maiden Name,

" " " " Leonhardt

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Oliver Martin Hissey

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Bangs

Address,

711 Broad St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the name and occupation of its parents, the date and place of birth; and the date and place of delivery, duly certified by the attending physician, or by the midwife, or by the nurse, or by the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay a fine of ten dollars for each failure to comply with the provisions of this section shall be subjected to the fine of ten dollars for each failure, to be recovered at other times and in other places are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth A 10703

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 3rd 1899

4. Place of Birth, (Street and Number)

733 Ramsey st

5. Full Name of Mother,

Emma F. Leharsha

6. Mother's Maiden Name,

" " Davis

7. Mother's Birthplace,

Harris de grace

Mich

8. Full Name of Father,

Wm E Leharsha

9. Father's Occupation,

Evangelical

10. Father's Birthplace,

Harris de grace

Mich

Name of Medical Attendant, or other person who makes this Return,

Wm B. Bangs

Address,

71 Cross St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Girl* *A. 10700*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 3 1889*

4. Place of Birth, (Street and Number) *E. Baltimore St 1600*

5. Full Name of Mother, *Barbara Rootman*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frank Knopf*

9. Father's Occupation, *Germany*

10. Father's Birthplace, *Tailor*

Name of Medical Attendant, or other person who makes this Return.

Address, *Mary Hopkin Westington 205*

Remarks,

This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if the child has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, and the practitioner fails to appear before the Commissioner upon the mother, immediately thereafter, it shall become the duty of the practitioner to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this action shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

THE J. C. CLARK & CO., CITY PRINTERS AND STATIONERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy

2. Race or color, (if not of the white race) 3 Marsch

3. Date of Birth,

4. Place of Birth, (Street and Number) 113 Central Ave.

5. Full Name of Mother, Maria Schuster

6. Mother's Maiden Name, Weissbrod

7. Mother's Birthplace, Berlin, Prussia

8. Full Name of Father, Louis Schuster

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Berlin, Prussia

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Schuster

Address, 113 Central Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, in any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d A. 10th 707

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

W

3. Date of Birth,

March 4th 1889

4. Place of Birth, (Street and Number)

1625 Abbott St.

5. Full Name of Mother,

Antonie Pluhar

6. Mother's Maiden Name,

" Janda Bohemia

7. Mother's Birthplace,

8. Full Name of Father,

Joseph Pluhar

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad

Address,

1621 Barlow St.

Remarks, ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A-10462

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, March 4th

4. Place of Birth (Street and Number), 313 Townsend Av.

5. Full Name of Mother, Mary McDonald

6. Mother's Maiden Name, Mary A. Fort

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John McDonald

9. Father's Occupation, Hampermaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, L. J. Monahan or other person who makes this Return.

Address, 634 Gough Av.

Remarks,

Registrar of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child have been conceived; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or the father, or the mother and father, shall immediately therefor it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 10711

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 4, 1889

4. Place of Birth, (Street and Number) 1312 S. Charles St

5. Full Name of Mother Leora Linthicum

6. Mother's Maiden Name Leora Grobaker

7. Mother's Birthplace Baltimore City

8. Full Name of Father Herbert Linthicum

9. Father's Occupation Contractor

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. L. K. Wiley M.D.

Address 729 N. Carey St City

Remarks

I am the physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child. A. 10711

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

register of such births, and shall enter the same in the register, to be maintained by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and schedule shall be delivered, if signed by the practitioner in the form of a certificate between the first and second schedule, and shall be delivered with the birth record, and shall be the property of the child, and shall occur without the attendance of a physician or practitioner of midwifery or nurse, or without the attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-17-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma R. Reimer

Fourth A 10712

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 4/89

4. Place of Birth, (Street and Number)

210 Otterbein Street

5. Full Name of Mother,

Regena Reimer

6. Mother's Maiden Name,

Regena Reuter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Reimer

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Bange

Address,

711 Cross St

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The full name of the child shall be entered on the schedule within the first month of its birth, and the date of its registration shall occur within the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall deliver the same to the office of the Commissioner of Health at once, and shall immediately thereafter, if he shall become the duty of the person or persons of which child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *A. 11713*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 5th 1889.*
4. Place of Birth, (Street and Number) *1112 T. Chame st.*
5. Full Name of Mother *Is. Racie Sulch.*
6. Mother's Maiden Name, " " " *Drakoff.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Samuel S. Sulch*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Eliza Bely*
- Address, *1144 Bank St.*
- Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month following, to the Registrar of Vital Statistics, who shall be the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur within the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

A 10714

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

March the 5th

4. Place of Birth, (Street and Number)

Baltimore fall at 5216

5. Full Name of Mother,

Mary J Johnson

6. Mother's Maiden Name,

Thyson

7. Mother's Birthplace,

washington

8. Full Name of Father,

thomas M Johnson

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Elizabeth Hathorn

Address,

light st No 1514

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person who shall deliver the child shall be liable to a fine of ten dollars for each child in report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 107715

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 5th 1887.

4. Place of Birth, (Street and Number) 511 Regester St.

5. Full Name of Mother, Ella Sheline.

6. Mother's Maiden Name, " " Edie.

7. Mother's Birthplace, Calif.

8. Full Name of Father, Fredrick Sheline.

9. Father's Occupation, Foreman of Dept. House

10. Father's Birthplace, Calif.

Name of Medical Attendant, or other person who makes this Return, Wm. Allen Belfrage

Address, 11714 Bank St.

Remarks, _____

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the true name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month in which the child was born, and the name of the person or persons who attended upon the mother immediately thereafter, it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

A. 10/16

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 5th 1889

4. Place of Birth, (Street and Number)

Ramsay St 13 37

5. Full Name of Mother,

Julia A. Sands

6. Mother's Maiden Name,

Julia A. Plant

7. Mother's Birthplace,

Washington

8. Full Name of Father,

John H. Sands

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. J. Helen

Address,

2022 Wilkens Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 A 16717

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 5th

4. Place of Birth, (Street and Number)

325 Perry St

5. Full Name of Mother,

Lizzie Vernick

6. Mother's Maiden Name,

Lizzie Kramer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Vernick

9. Father's Occupation,

laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs C Salucki

Address,

735 W Pratt St

Remarks,

to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the date of the birth, and shall be subject to the provisions of the Act of the General Assembly of the State of Maryland, passed at the Session of 1892, Chapter 100, Section 1, which provides that any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month following the birth of any child, to the Registrar of Vital Statistics, and shall be subject to the inspection of the Registrar, who shall occur without the attendance of a physician or practitioner of midwifery, or would be liable to a fine of \$100, and to imprisonment for six months, if he or she should fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 10719
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 5th 1889.
4. Place of Birth, (Street and Number) 307 Eden St.
5. Full Name of Mother, Bessie Witterman
6. Mother's Maiden Name, " " Chen
7. Mother's Birthplace, City
8. Full Name of Father, John Witterman
9. Father's Occupation, Paper-hanger
10. Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return. Miss Eliza B. B.
- Address, 1744 Birk St.
- Remarks, _____

month, and shall act forth as far as possible to ascertain the full name of the deceased, its date and place of birth, and the date and place of death, and shall cause the same to be ascertained, and shall cause the same to be entered in the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person, or such child or children be born alive, or should any child or children die, or should any child or children be born or die, or should any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

Section 6. The name shall be ascertained, the full name of each child, its sex, birth month, and shall set forth as far as possible the date and place of birth, and the date and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person, such as a nurse, or a mother, deliver a child, it shall be the duty of such person to cause the same to be reported to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible][illegible]

[illegible][illegible]

Third A 10721
Female

Female

Female

March 5-89

409 N. Ann. St

Sarah E. Boyle

" " *Life*

Ballo

Wm F. Boyle

Lawmaker

Balls

Mrs Mary A. Allwell

9/12 Mc Donough St

9/12 Mc Donough St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third* A 10722
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 6th 1889*
4. Place of Birth (Street and Number) *S. E. Cor. O'Harroes & Carey sts*
5. Full Name of Mother *Margaret Anne Verget*
6. Mother's Maiden Name *Heiss*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *J. M. Verget*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *L. O. Wintermeyer*
Address *25 S. E. Cor. 17*
Remarks

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the age of each and every month to the time of the birth of the child. In case the certificate between the first and third day of each and every month to the time of the birth of the child, or should the child be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Christian Leyhe
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second* { 2nd } *ALC/p23*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *March 6th 1889*
4. Place of Birth, (Street and Number) *1830 E Monument St*
5. Full Name of Mother, *Carrie V Leyhe*
6. Mother's Maiden Name, *" " Franks*
7. Mother's Birthplace, *Charles Co Md*
8. Full Name of Father, *Christian Leyhe*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr E Looke MD*

Address, *1519 E Baltimore St*

Remarks, **GIVEN NAME ADDED** *1-11-54*

h-74

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

White

March 6th 1899

643 N. Fulton Ave)

Rose A. Patricia

Black

Ny. State

Wm. H. Patrick

Teacher

Rep. State

Edward J. Condon (M)

1403 W Gay St

month, and shall set forth in full the names of the persons to be vaccinated, the date and place of birth, and the date and day of each and every month to be vaccinated, duly signed by the practitioner in the form of a certificate, and shall deliver said certificate to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, the physician or practitioner of medicine, or anybody who shall be in attendance upon the mother, immediately after the birth of the child to report the same to the Commissioner of Health, in the manner and to the effect hereinafter provided, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed to be in default, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and shall set forth in full the names of the persons to be vaccinated, the date and place of birth, and the date and day of each and every month to be vaccinated, duly signed by the practitioner in the form of a certificate, and shall deliver said certificate to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, the physician or practitioner of medicine, or anybody who shall be in attendance upon the mother, immediately after the birth of the child to report the same to the Commissioner of Health, in the manner and to the effect hereinafter provided, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed to be in default, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

3 A. 10730

- [illegible]

register of such births, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the name, sex, color, the full name and occupation of its practitioner, the date and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall be subject to the provisions of law above required, and any such person or persons who shall hereafter fail to comply with the provisions of law above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th.

A. 10725

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6d 1889.

4. Place of Birth, (Street and Number)

No 714 Lexington St.

5. Full Name of Mother,

Lizzie Gording

6. Mother's Maiden Name,

Lizzie Andre.

7. Mother's Birthplace,

Nesse, Nassau, Germany

8. Full Name of Father,

Charles Gording.

9. Father's Occupation,

Glass Smelter

10. Father's Birthplace,

Minden Prussia Germany

Name of Medical Attendant, or other person who makes this Return.

Catherine Mischke

Address,

805 Leadenhall Street.

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the name of the mother, and shall be delivered to the Commissioner of Health on or before the first day of the month following the month in which the birth occurred. A certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person so failing to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

A 10727

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, March 6th 1889
 4. Place of Birth, (Street and Number) 1416 Luzerne Street Balt.
 5. Full Name of Mother, Emily P. Henderson
 6. Mother's Maiden Name, Eliason
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Richard P. Henderson
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other person who makes this Return, Thelma L. Schmitt
- Address, 1859 N. Gay Street
- Remarks, none

Health. This schedule shall contain a list of the births which have occurred since the first day of the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its delivery, and shall be signed by the practitioner in the form of a certificate between the first and the last day of the month, and shall be returned to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the following month. In case the birth of any child shall occur on the last day of the month, the physician or midwife, or other person, should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwife, or other person, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth* *A* *10728*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th 1889*

4. Place of Birth, (Street and Number) *1140 Scott St Balto Md*

5. Full Name of Mother, *Cathern Long*

6. Mother's Maiden Name, *Cathern Wolf*

7. Mother's Birthplace, *Cumberland Md*

8. Full Name of Father, *Robert Daniel Long*

9. Father's Occupation, *Conductor Balto Railroad*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child is reported to the registrar of such birth, immediately thereafter, it shall be the duty of the registrar to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 A. 10729

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 6th

4. Place of Birth, (Street and Number)

115 W. Lombard str

5. Full Name of Mother,

Ella Clark

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

A. V. Wendel, M.D.

Address,

115 W. Lombard str.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Female

A. 11730

March 6th 1889.
611 Central Avenue
Mary E. Manley
Mary E. Bowen
Baltimore
John S. Manley
Upholster
Baltimore
Samuel F. Roell MD
#217, Biscuit Street

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and occupation of the physician or practitioner of midwifery, or should no other person be called in to attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

A. 11731

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

March the 6th

4. Place of Birth, (Street and Number)

Baltimore fort avy. #11

5. Full Name of Mother,

Mary Kencel

6. Mother's Maiden Name,

Darvel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Kencel

9. Father's Occupation,

painter

10. Father's Birthplace,

Marland

Name of Medical Attendant, or other person who makes this Return.

Elizabeth Hathorn

Address,

light st 1514

Remarks,

month, and shall set forth as far as the name can be ascertained the full name of each child, its sex, color, the date and place of birth, and the date when the child was first seen by the practitioner in the form of a certificate between the first and second months of its life, and the date when the child was first seen by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, the mother shall be required to attend upon the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d* *A. 10732*
 1. Sex, (state whether male or female) *Male*
 2. Race or color, (if not of the white race) *White*
 3. Date of Birth, *Mar 6 89.*
 4. Place of Birth, (Street and Number) *875 Myrtle St.*
 5. Full Name of Mother, *F. E. Simpson*
 6. Mother's Maiden Name, *" Woodson*
 7. Mother's Birthplace, *Md.*
 8. Full Name of Father, *J. T. Simpson*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Md.*
 Name of Medical Attendant, or other person who makes this Return, *J. H. Robinson M.D.*
 Address, *724 E. Preston St.*
 Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 10733
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 6. 1887
4. Place of Birth, (Street and Number) 1524 Hollins St
5. Full Name of Mother Annie Magnusen
6. Mother's Maiden Name Annie Abham
7. Mother's Birthplace Baltimore City, Md
8. Full Name of Father August Magnusen
9. Father's Occupation Leigar Manufacturer
10. Father's Birthplace Baltimore City, Md
Name of Medical Attendant, or other Person who makes this Return. E. K. Wiley M.D.
Address 724 H. Leary St City
Remarks

Health. This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second child, and shall be filed in the office of the Registrar of Vital Statistics, and the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d. A. 10734

1. Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Mar 7 89.

4. Place of Birth, (Street and Number)

507 E. Eager St.

5. Full Name of Mother,

Delia Higgins

6. Mother's Maiden Name,

Delia Hinkel

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Chas Higgins

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return.

J. H. Robinson

Address,

712 E. Preston St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under the name of each child, or any other name during the month, and shall set forth as far as the name can be ascertained the full name of each child, or any other name which may have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its confinement in the first of a certificate between the first and the third day of each and every month. Any child born on the third day of each and every month shall be reported on the third day of the following month. No child shall be reported as having been born until it has been ascertained that it has occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex and color as shall be required by law to report the birth of such child to the proper authorities, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

Boy A. 10735-

- Health. This schedule shall contain a list of the births which have occurred under the name of each child, or any other name during the month, and shall set forth as far as the name can be ascertained the full name of each child, or any other name which has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and occupation of any person in the family of the mother, and the date and place of birth of each child, from the first day of each and every month to the third day of the next month. Any child born to a mother who has been confined by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family to cause the birth of such child to be duly recorded, and the proper name required, and the proper date of birth of any such person or persons, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under the name of each child, or any other name during the month, and shall set forth as far as the name can be ascertained the full name of each child, or any other name which shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its confinement in the first of a certificate between the first and the third day of each and every month. Any child born on the third day of each and every month shall be reported on the third day of the following month. No child shall be reported as having been born until it has occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex and color as shall have been required to attend the birth of the child to report the same to the proper authorities. Any such person or persons who shall hereunder fail to comply with the provisions herein required, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under the name of each child, or any other name during the month, and shall set forth as far as the name can be ascertained the full name of each child, or any other name which shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its confinement in the first of a certificate between the first and the third day of each and every month. Any child born on the third day of each and every month shall be reported on the third day of the following month. No child shall be reported as having been born until it has been ascertained that it has occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex and color as shall have been designated in the certificate to report the birth of such child to the proper authorities required, and any such person or persons who shall hereunder fail to comply with the provisions herein required, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]

and shall set forth as far as the same can be ascertained the full name of each child, of any child, have been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such city and corporation where the child is born to cause the same to be duly registered, and if the same be neglected to the fine of ten (10) dollars for each offense, to be recovered, all other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy* *A. 12736*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 7 1889*

4. Place of Birth, (Street and Number) *Wolf 910*

5. Full Name of Mother, *Annie Kern*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Frank Kern*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, _____

Address, *411 W. Hopkins Washington St*

Remarks, _____

months, and when the child is under the age of one year, the full name of each child, if any, shall have been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of the month in which the child is born, to the Registrar of Vital Statistics, who shall retain the same, and shall forward a copy thereof to the Commissioner of Health, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A.** 10737
1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, March 7th 1889
4. Place of Birth, (Street and Number) Baltimore Lemmon 1032
5. Full Name of Mother, Mary Hennessey
6. Mother's Maiden Name, Mary Buckley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hennessey
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Catherine Mitchell
- Address, No. 112 Ballender Street Baltimore
- Remarks,

Baltimore under a three day or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Baltimore City, within ten days after the birth. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each month, to the Registrar of Vital Statistics, Baltimore City, and shall be filed with the Registrar. The practitioner shall incur without the attendance of a physician or practitioner of midwifery or should incur such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight - **A** 10738
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

Ind. ch. 7th
756 Hamburg St.

5. Full Name of Mother,

Annie S. Bogelman

6. Mother's Maiden Name,

Annie S. Rogan

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas. S. Bogelman

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Miss Bange

Address,

716 Pratt St.

Remarks,

license, and shall contain a list of the persons which have occurred under that license during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been born, and the occupation of its parents, the date and place of birth; and the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the physician or practitioner of midwifery, or the person or persons of such attendance, shall be bound to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed in this section, shall fail to comply with the provisions of this section shall be liable to the fine of ten dollars; and each offense, to be committed on other fines and forfeitures are recoverable.

license, and shall contain a list of the persons which have occurred under that license during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been born, and the occupation of its parents, the date and place of birth; and the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the physician or practitioner of midwifery, or the person or persons of such attendance, shall be liable to a fine of ten dollars for each offense, if he or she shall fail to report the birth of such person or persons to the Commissioner of Health, in the manner and within the time prescribed in this section, shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered on other fines and forfeitures are recoverable, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been born, and the occupation of its parents, the date and place of birth; and the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the physician or practitioner of midwifery, or the person or persons of such attendance, shall be liable to a fine of ten dollars for each offense, if he or she shall fail to report the birth of such person or persons to the Commissioner of Health, in the manner and within the time prescribed in this section, shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered on other fines and forfeitures are recoverable,

Engl. H. A. 107410

Male

White —

March 7th 1859

2127 Chancelier St

Elizabeth - Hook

Capital

Germany

Samuel H. Work

Boiler Maker

P. all.

M. J. Leonard

339 Worcester St —

Strong child not married

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First A. 10741

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 7-89

4. Place of Birth, (Street and Number)

1917 E. Preston St

5. Full Name of Mother,

Annie E. Mc Gilton

6. Mother's Maiden Name,

" " Walters

7. Mother's Birthplace,

Me

8. Full Name of Father,

Samuel M. Gilton

9. Father's Occupation,

Parser

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the mother or parent of such child shall be liable to a fine of ten dollars for each child to report its birth to the Commissioner of Health, in the manner and within the time provided in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

While

8th March

No 2236 Cal. Nov. 21.

Gertrude Lang

Gerhardt Vogel

Ensemble

John Long

Turner

Europe

Josephine Krueger

No. 2321 C. Fugate Pt.

Wm. J. O. DELANEY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, of any child have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its delivery, and shall also set forth the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st A 10743

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

March 8th 1889

4. Place of Birth, (Street and Number)

1626 1st St.

5. Full Name of Mother,

Antonie Melichar

6. Mother's Maiden Name,

Beran

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Melichar

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad

Address,

1621 Barnes St

Remarks,

month, and shall act forth as far as the name can be ascertained, the full name of each child, if any shall have been conceived, the full name and occupation of its parents, the date and place of birth; and the sex of each child, and the date of its birth, and the name of the physician or practitioner of midwifery, or should no other of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy A. 10744

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 8 1889

4. Place of Birth, (Street and Number) South St 14

5. Full Name of Mother, Frances Grinnell

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germany

8. Full Name of Father, Willig Grinnell

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mary Hopfington Worthington 206

Remarks, _____

[illegible]

10. The birth record shall contain a list of the births which have occurred under his or her office during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of registration. It shall also contain the name of the practitioner in attendance, and the date and schedule shall be delivered, fully signed by the practitioner in the month in which the birth of any child shall occur, to the Commissioner of Health, in order to cause the birth of any child to be duly recorded. It shall contain a statement of the name of the physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such attendance to report to the Commissioner of Health, in the manner and to the extent required by law, the name of the child to be born, and the date of birth. The provisions of this section shall be subject to the filing of ten per centum of the fee thereon. Any omission or failure to comply with the provisions of this section shall be recoverable at the rate of ten per centum of the fee thereon. Each offense to be recovered in other fines and forfeitures shall be recoverable at the rate of ten per centum of the fee thereon.

The physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and age at last examination by him or her, and the date and place where it was delivered, fully signed by the practitioner in the presence of two other persons, one of whom shall be a female, to ensure the birth of every child born, and shall occur without the attendance of a physician or should no other person be such as to report its birth to the Compiler of Health, in the manner and form provided in this section, shall be submitted to the Compiler of Health. Each difference to be covered in other laws and forfeits are recoverable up to the sum of ten dollars.

The physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and age at death, fully signed by the practitioner in the health certificate. In case the birth of any child shall occur without the attendance of a physician or shall become the duty of no other person in such occurrence upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Compiler of Health, in the manner and form provided in this section, shall be submitted to the Compiler of Health, in the sum of ten dollars. Any provision of this section shall be subject to the fine of ten dollars. Each offense to be covered in other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

The physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and age at last seen, fully signed by the practitioner in the health book, to cause the birth of every child to be reported to the Commissioner of Health, in the manner provided in this section, by every child who shall occur without the attendance of a physician or should no other person be such as to report it to him to the Commissioner of Health, in the manner provided in this section, shall be submitted to the filing of ten per centum. Each offense to be covered in other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* *A 10746*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 15th 1889*

4. Place of Birth, (Street and Number) *906 N. Charles St.*

5. Full Name of Mother, *Ellen Catrobo*

6. Mother's Maiden Name, *Purose*

7. Mother's Birthplace, *Philadelphia, Pa.*

8. Full Name of Father, *Frederick C. Catrobo*

9. Father's Occupation, *Lawyer and Mayor of Baltimore*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Wm E. Mosley M.D.*

Address, *614 N. Howard St.*

Remarks,

accertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed by the practitioner of medicine in the presence of two witnesses, one of whom shall be a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]

1A10747

Female

March 15/89

March 1894
No 206 W. Front St.
Kellie Sinclair

Nellie Semmler
 Hamel
 Pittsburg Pa

Nelson Sinclair
Victor.

Baltimore

Mrs. Louise Kraft
No 405 S. Washington St.

or other person who makes this Return.

W^c 405 S. Washington St.

Remarks.

W^o 405 S. Washington St.

W^o 405 S. Washington St.

W^c 405 S. Washington St.

W^c 405 S. Washington St.

[illegible]

5th A. 10748

1. Sex, (State whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *March 15 1889*
4. Place of Birth, (Street and Number) *706 Wisconsin St*
5. Full Name of Mother, *Emma Becker*
6. Mother's Maiden Name, *Ross*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Georg Becker*
9. Father's Occupation, *Shermatters*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return. *Georg Becker*
Address, *706 Wisconsin*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st 10780

Female

Black

March 15th

110

Main alley

Fannie Elizabeth Adams

Baltimore
Benjamin Watson

C. Marion Dodson
1100 Sinder St



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 2nd DAY
OF 1964 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #A5605 AND
ENDING WITH #A10750 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF: Vital Statistics DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL